

FACE SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

JAN 28 1960

Division of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(GOV. CODE 11380.1)

JAN 28 1960

Division of Administrative Procedure

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: January 28, 1960

By:

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

JAN 28 1960

At 3:50 o'clock P.M.

FRANK M. JORDAN, Secretary of State

Assistant Secretary of State

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A-153.1 DEFINITION OF DEPENDENT

A-153.1

In determining liability under the Relatives' Contribution Scale, a dependent is a person other than the applicant or recipient for whom the relative provides the major portion of support in or out of the home. Only one relative can claim any given person as a dependent.

A-153.5 ACTION WHEN RESPONSIBLE RELATIVE'S STATEMENT NOT RETURNED

A-153.5

A follow-up request shall be sent within 30 days of the mailing of Form Ag 225, Statement of Responsible Relative, if the relative fails within that time to return the completed form.

If within 30 days after such follow-up request the relative still has failed to return the completed Form Ag 225, such failure shall be reported to the board of supervisors.

The board of supervisors shall refer to the district attorney, or other civil legal officer, for action under W&IC Sec. 2224.5 any relative where there is evidence that such relative has knowingly failed to complete and return Form Ag 225.

These Regulations are designated to become effective March 1, 1960.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)

Regulations

DETERMINATION OF ELIGIBILITY

A-014.30

A-014.30 RESTORATION FOLLOWING DISCONTINUANCE DUE TO EMPLOYMENT

A-014.30

"Employment" is defined as any activity undertaken for remuneration either in cash or in kind. When restoration is requested following a discontinuance due to employment as provided in W&IC Section 2183.9 and it is not possible to complete the investigation of eligibility in time to authorize and deliver payment within 30 days from the date restoration is requested, aid shall be granted conditionally (provided the individual's statements indicate he is eligible). When restoration in another county is requested (see Sec. A-010.10, Item 2C), pertinent documents and a summary of evidence establishing eligibility shall be requested from the county which discontinued aid.

When evidence conclusively supports eligibility to receive aid the authorization document shall contain the statement "eligibility established."

When aid is to be granted conditionally, the authorization document shall contain the statement "conditional grant-presumptive eligibility" and the investigation shall be continued with diligence.

When aid has been granted conditionally and upon completion of investigation the facts show eligibility to continued aid, authorizing action confirming eligibility and adjusting participation is required. (See Handbook Sec. A-025.24, Item B - 6 f; and Regulation Sec. F-520, Item A, Exception 2)

When aid has been granted conditionally, and upon completion of the investigation the facts establish that the recipient has been ineligible for payments already made, and is ineligible for payments for future months, aid shall be discontinued.

When aid has been granted conditionally and upon completion of investigation the facts establish that the recipient is ineligible for future aid but was eligible to receive the aid paid to him during one or more months for which he was paid conditionally, aid shall be discontinued. The document authorizing discontinuance shall indicate the month or months for which eligibility is confirmed and retroactive claim shall be made for any federal participation which may be available for the conditional payments made to which the recipient was eligible (see Handbook Sec. A-025.24, Item B - 6 f, and Regulation Sec. F-520, Item A, Exception 2).

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Regulations

RECORDS, FORMS AND CONTROLS

A-024

A-024

REQUIRED FORMS

A-024

The following forms, completed in accord with instructions for their use, are required when the circumstances to which they relate exist:

- Ag 200 Application for Old Age Security (See Sec. A-011.11)
- Ag 200-B Application by Authorized Representative of Applicant (See Sec. A-011.11)
- Ag 200-c Application for Old Age Security - Supplement for Noncitizens (See Sec. A-122)
- Ag 225 Statement of Responsible Relative Under Old Age Security Law (See Sec. A-153.3)
- Ag 280 Identification Card (See Sec. A-014.80)
- ABD 231 Certificate of Delivery of Payment of Aid (See Sec. A-141.50)
- ABD 235 Certification of State Department of Mental Hygiene of Applicant's Release from State Hospital (See Sec. A-013)
- ABD 236 A Certification of Patient Status in a Public Medical Institution (See Sec. A-141.40)
- and/or
- ABD 236 B Certification of Patient Status in a Public Medical Institution (See Sec. A-141.40)
- DPA 1 Request for Federal OASI and Nonmedical Disability Information (See Sec. A-213)
- ABCD 215 Notification of Transfer (See Sec. A-114)
- DPA 5 Summary of Letters of Guardianship or Conservatorship (See Secs. A-011.12 and A-011.13)
- DPA 6 State Department of Social Welfare Appeal as to Responsibility for Support (See Sec. A-117.7)
- DPA 8 Notice to Applicant Who Withdraws Application (See Sec. A-014.70)
- 10-611 Application for Search of Census Records (See Handbook Sec. A-102,T)

CALIFORNIA-SDSW-MANUAL-OAS

Rev. 818 replaces Rev. 739

Effective 3/1/60

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CONTINUATION SHEET
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Regulations

RESPONSIBLE RELATIVES

A-153.2

A-153.2 DETERMINATION OF RELATIVE'S NET INCOME

A-153.2

I. GROSS INCOME

Gross income is the total amount of income before deductions for taxes, insurance, retirement contributions, expenses incident to operation of a business, etc.

II. GROSS INCOME INCLUDED IN COMPUTATION OF NET INCOME FOR PURPOSE OF DETERMINING LIABILITY

A. Spouse of the Recipient

The total separate income of the spouse (see Sec. A-211 for definition of separate income and Sec. A-212.51 for treatment of community income of a spouse).

B. Single, Divorced, Widowed, or Separated Adult Child (Son or Daughter)

Total income of such child from all sources.

C. Married Son

The sum of income from the following:

1. His own earnings
2. His separate income from property, pensions or any other source.
3. All community income except earnings of his spouse.

D. Married Daughter

The sum of income from the following:

1. Her own earnings
2. Her separate income from property, pensions, or any other source.

(Continued)

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A-153.2	RESPONSIBLE RELATIVES	Regulations
A-153.2 (Continued)		A-153.2

III. NET INCOME

A. Income Derived from Employment which Requires Travel Away from Home

From total gross income (as determined under II above) deduct those travel expenses not reimbursed by the employer. (This does not include transportation costs from home to place of business and return.)

B. Income Derived from Real or Personal Property, from Operation of a Farm or Business, Conduct of a Trade or Profession, etc.

From total gross income (as determined under II above) deduct:

1. Those expenses permitted in the determination of net income for state income tax purposes.
2. Principal payments, to the extent such payments are necessary to the operation of the business or enterprise or are required to maintain and preserve the capital investment of the relative. (This does not include principal payments on an indebtedness incurred to expand a business or enterprise or to increase property holdings except when the incurring of such indebtedness was necessary to preserve and maintain the investment the relative already had in the business or property.)

IV. ADJUSTED NET INCOME

Adjusted net income is determined by deducting from net income as established under III above, 20 per cent of that amount.

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CONTINUATION SHEET
JR FILING ADMINISTRATIVE REGULATION 5
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

RESPONSIBLE RELATIVES

A-153.3

A-153.3 DEGREE OF LIABILITY

A-153.3

Form Ag 225, Statement of Responsible Relative, is used to obtain information essential to the determination of the relative's liability as required under W&IC 2224.

Pursuant to W&IC Sec. 2224, either the board of supervisors or its authorized representative may fix liability at the amount prescribed by the Relative's Contribution Scale. Pursuant to Sec. 2181 only the board of supervisors can fix liability at less than the scale amount.

On return of the completed Form Ag 225 county action is required as follows:

- a. If the county has reason to believe that the information reported by the relative on Form Ag 225 is not accurate, the county is responsible for further investigation into the financial circumstances of the relative before recommendation as to the amount of liability. The consent of the relative involved is to be obtained before any inquiry is made of the employer of the relative.
- b. If Form Ag 225 and any other information obtained as the result of investigation shows no liability for support, a determination of nonliability is made by the county welfare department.
- c. If the Form Ag 225 shows that the relative will contribute as much as or more than the liability prescribed by the Relatives' Contribution Scale, liability is set at the amount prescribed by the Relatives' Contribution Scale.
- d. If the Form Ag 225 shows that the relative will contribute less than his apparent liability or that he will make no contribution, the relative is to be notified of the amount he appears liable to contribute and informed that if he is unable to contribute the specified amount, he may send in additional information regarding his circumstances within a specified period not to exceed 60 days.

If the relative reports any unusual circumstances interfering with his ability to contribute, these are to be taken into consideration in determining liability.

A recommendation as to the amount of liability is made to the board of supervisors not later than the first month following the end of the specified period.

The relative is to be notified of the amount of his fixed liability and the effective date determined pursuant to W&IC Sec. 2224. (See Sec. A-025, Form Ag 246 and 246A.)

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Regulations

DETERMINATION OF NEED

A-204.05

A-204.05 SPECIAL NEED FOR HOUSING AND UTILITIES

A-204.05

When the total cost of the combined items of adequate housing and necessary utilities exceeds \$21.30, an additional amount is allowed as follows:

1. If the recipient lives alone, allow the difference between the basic allowance of \$21.30 and which ever is lesser, \$63 or the actual cost. If living with other than a spouse, allow the difference between \$21.30 and which ever is lesser, \$63 or his share of the actual cost.
2. If the recipient lives with a spouse, allow the difference between the basic allowance of \$21.30 and which ever is lesser, \$45 or his share of the actual cost.

When the housing-utility cost exceeds the above designated ceilings, an exception is made. The actual cost is allowed for a period not to exceed three months to enable the recipient to make some other plan, such as moving to cheaper housing or to housing which would require less expenditure for utilities, to re-finance his home, etc.

The cost of the combined housing-utility item, when the housing is owned, is the sum of the cost of utilities, the monthly cost of prorated taxes, insurance, required encumbrance payment (principal and interest), a \$2 monthly allowance for minor repairs and upkeep, and the net occupancy value.

Exception: When all payments (principal and interest) received from the sale of real property are being utilized to purchase a home pursuant to W&IC Section 2165 (d), the payments so received are applied against the required encumbrance payment on the home purchased. If the required payment (principal and interest) on the home exceeds the payment received the excess is included in determining the housing-utility cost. If the payment on the home is in the same amount or less than the payment received, no portion of the required payment on the home is included in determining the housing-utility cost.

When computing the recipient's share of the housing-utility cost under either (1) or (2) above, the full net occupancy value (see Sec. A-212.9) is added to his share of the other costs.

When repairs are necessary in order to provide safe and healthful housing or to minimize deterioration and the total cost of such repairs exceeds \$10, the cost (or when housing is owned with someone else, the recipient's share of the cost) is allowed as special need provided it does not exceed the minimum amount for which reasonable and adequate repairs can be made.

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A-206.8 DETERMINATION OF NEED Regulations

A-206.8 SPECIAL NEED FOR PROSTHETIC APPLIANCES, SICK ROOM EQUIPMENT, AND MEDICAL SUPPLIES A-206.8

The rental charge, purchase or repair cost, whichever is most appropriate for prosthetic appliances, sickroom equipment, and medical supplies which are not within the scope of the medical care fund and not covered by the basic allowance for medicine chest supplies is allowed as special need subject to the following limitations:

1. Use of the item must be recommended by the recipient's practitioner.
2. The amount allowed may not exceed a reasonable amount for which the item can be obtained.
3. If the total cost of the item exceeds \$25, allowance is subject to review and determination by the county.

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CALIFORNIA-SDSW-MANUAL- OAS Rev. 842 replaces Rev. 622 Effective 3/1/60

CONTINUATION SHEET
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(Pursuant to Government Code Section 11380.1)

B-153.1 DEFINITION OF DEPENDENT - ANB-APSB

B-153.1

In determining liability under the Relatives' Contribution Scale, a dependent is a person other than the applicant or recipient for whom the relative provides the major portion of support in or out of the home. Only one relative can claim any given person as a dependent.

B-153.5 ACTION IF RESPONSIBLE RELATIVES' STATEMENT NOT RETURNED - ANB-APSB

B-153.5

If Form Bl 225, Statement of Responsible Relative, is not returned by the relative, the county is responsible for making suitable further effort to secure the completed statement. If it has not been possible to secure a completed Form Bl 225, this fact is reported to the board of supervisors. If there is evidence that the relative knowingly failed to complete and return the form, the matter may be referred by the board of supervisors to the district attorney or other civil legal officer for appropriate action under W&IC 3088 and 3474.

The following section is repealed effective March 1, 1960:

B-026 RECOMMENDED FORMS - ANB-APSB

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These Regulations are designated to become effective March 1, 1960.

CONTINUATION SHEET
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Regulations

RESPONSIBLE RELATIVES

B-153.2

B-153.2 DETERMINATION OF RELATIVE'S NET INCOME - ANB-APSB

B-153.2

I. GROSS INCOME

Gross income is the total amount of income before deductions for taxes, insurance, retirement contributions, expenses incident to operation of a business, etc.

II. GROSS INCOME INCLUDED IN DETERMINING LIABILITY

A. Spouse of the Recipient

The total separate income of the spouse (see Sec. B-211 for definition of separate income and Sec. B-212.51 for treatment of community income of a spouse).

B. Parent(s) of the Recipient

Total income of such parent(s) from all sources.

C. Single, Divorced, Widowed, or Separated Adult Child (Son or Daughter)

Total income of such child from all sources.

D. Married Son

The sum of income from the following:

1. His own earnings
2. His separate income from property, pensions or any other source
3. All community income except earnings of his spouse

E. Married Daughter

The sum of income from the following:

1. Her own earnings
2. Her separate income from property, pensions, or any other source.

(Continued)

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B-153.2

RESPONSIBLE RELATIVES

Regulations

B-153.2 (Continued)

B-153.2

III. NET INCOME

A. Income Derived from Employment Which Requires Travel Away from Home

From total gross income (as determined under II above) deduct those travel expenses not reimbursed by the employer. (This does not include transportation costs from home to place of business and return.)

B. Income Derived from Real or Personal Property, from Operation of a Farm or Business, Conduct of a Trade or Profession, etc.

From total gross income (as determined under II above) deduct:

1. Those expenses permitted in the determination of net income for state income tax purposes.
2. Principal payments, to the extent such payments are necessary to the operation of the business or enterprise or are required to maintain and preserve the capital investment of the relative. (This does not include principal payments on an indebtedness incurred to expand a business or enterprise or to increase property holdings except when the incurring of such indebtedness was necessary to preserve and maintain the investment the relative already had in the business or property.)

IV. ADJUSTED NET INCOME

Adjusted net income is determined by deducting from net income as established under III above, 20% of that amount.

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Regulations	RESPONSIBLE RELATIVES	B-153.3
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B-153.3 DEGREE OF LIABILITY - ANB - APSB		B-153.3
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Form Bl 225, Statement of Responsible Relative, is used to obtain information essential to the determination of the relative's liability as required under W&IC 3088 and 3474.

Pursuant to W&IC Secs. 3088 and 3474, either the board of supervisors or its authorized representative may fix liability at the amount prescribed by the Relatives' Contribution Scale. Only the board of supervisors can fix liability at less than the scale amount.

On return of the completed Form Bl 225, county action is required as follows:

- a. If the county has reason to believe that the information reported by the relative on Form Bl 225 is not accurate, the county is responsible for further investigation into the financial circumstances of the relative before recommendation as to the amount of liability. The consent of the relative involved is to be obtained before any inquiry is made of the employer of the relative.
- b. If Form Bl 225 and any other information obtained as the result of investigation shows no liability for support, a determination of non-liability is made by the county welfare department.
- c. If the Form Bl 225 shows that the relative will contribute as much as or more than the liability prescribed by the Relatives' Contribution Scale, liability is set at the amount prescribed by the Relatives' Contribution Scale.
- d. If the Form Bl 225 shows that the relative will contribute less than his apparent liability or that he will make no contribution, the relative is to be notified of the amount he appears liable to contribute and informed that if he is unable to contribute the specified amount, he may send in additional information regarding his circumstances.

If the relative reports any unusual circumstances interfering with his ability to contribute, these are to be taken into consideration in determining liability.

The relative is to be notified of the amount of his fixed liability and the effective date determined pursuant to W&IC Secs. 3088 and 3474. (See Sec. B-025, Forms Bl 246 and 246A)

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B-204.05

DETERMINATION OF NEED

Regulations

B-204.05 SPECIAL NEED FOR HOUSING AND UTILITIES - ANB-APSB

B-204.05

If the total cost of the combined items of adequate housing and necessary utilities exceeds \$30.00, an additional amount is allowed as follows:

1. If the recipient lives alone, allow the difference between the basic allowance of \$30.00 and which ever is lesser, \$63 or the actual cost. If living with other than a spouse, allow the difference between \$30.00 and which ever is lesser, \$63 or his share of the actual cost.
2. If the recipient lives with a spouse, allow the difference between the basic allowance of \$30.00 and which ever is lesser, \$45 or his share of the actual cost.

If the housing-utility cost exceeds the above designated ceilings, an exception is made. The actual cost is allowed for a period not to exceed three months to enable the recipient to make some other plan, such as, moving to cheaper housing or to housing which would require less expenditure for utilities, to re-finance his home, etc.

The cost of the combined housing-utility item, if the housing is owned, is the sum of the cost of utilities, the monthly cost of prorated taxes, insurance, required encumbrance payment (principal and interest), a \$2 monthly allowance for minor repairs and upkeep, and the net occupancy value.

Exception:

If all payments (principal and interest) received from the sale of real property are being utilized to purchase a home pursuant to W&IC Secs. 3047.3 and 3447.3, the payments so received are applied against the required encumbrance payment on the home purchased. If the required payment (principal and interest) on the home exceeds the payment received, the excess is included in determining the housing-utility cost. If the payment on the home is in the same amount or less than the payment received, no portion of the required payment on the home is included in determining the housing-utility cost.

When computing the recipient's share of the housing-utility cost under either (1) or (2) above, the full net occupancy value (See Sec. B-212.9) is added to his share of the other costs.

When repairs are necessary in order to provide safe and healthful housing or to minimize deterioration and the total cost of such repairs exceeds \$10, the cost (or when housing is owned with someone else, the recipient's share of the cost) is allowed as special need provided it does not exceed the minimum amount for which reasonable and adequate repairs can be made.

If the present housing provides a familiarity with surroundings deemed essential to the continued well-being of the blind occupant; or if the present cost for housing actually covers essential personal services to the blind occupant, an exception may be made to the above maximums for housing.

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULATION IS
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B-206.8	DETERMINATION OF NEED	Regulations
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B-206.8 SPECIAL NEED FOR PROSTHETIC APPLIANCES, SICK ROOM EQUIPMENT, AND
MEDICAL SUPPLIES - ANB-APSB

B-206.8

The rental charge, purchase or repair cost, whichever is most appropriate for prosthetic appliances, sick room equipment, and medical supplies which are not within the scope of the Medical Care Fund and not covered by the basic allowance for medicine chest supplies is allowed as special need subject to the following limitations.

1. Use of the item must be recommended by the recipient's practitioner.
2. The amount allowed may not exceed a reasonable amount for which the item can be obtained.
3. If the total cost of the item exceeds \$25, allowance is subject to review and determination by the county.

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CALIFORNIA-SDSW-MANUAL-AB

Rev. 1013 replaces Rev. 764

Effective 3/1/60

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

FINDING OF EMERGENCY

The regulations contained in Manual Sections MC-031.1 and MC-040.2 are emergency measures necessary for the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421 (b) of the Government Code.

The following facts constitute the emergency with respect to these regulations:

1. During the early part of 1959, and in the course of certain drastic revisions of the regulations adopted by the State Social Welfare Board concerning medical care, a provision that necessary drugs and other materials provided by physicians in the course of treatment were allowable charges under the Medical Care program, was inadvertently eliminated from the regulatory scheme.
2. The fee schedule furnished to the physicians rendering this service continues to provide that "necessary drugs and materials provided by the physician may be charged for separately."
3. The uncertainty springing from this inadvertent elimination of the regulation providing for payment for these services may unduly limit the quality and the scope of the medical care given to the recipients of public assistance and therefore threatens the public health.
4. It is imperative that this uncertainty be resolved, and this threat to public health and welfare be removed immediately.
5. It is, therefore, necessary that these regulations, restoring to the Medical Care program provisions for payment for these drugs and materials, be adopted as emergency measures.

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FOR FILING ADMINISTRATIVE REGULATIONS **5**
WITH THE SECRETARY OF STATE
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MC-031.1 SERVICES AVAILABLE TO ALL RECIPIENTS WITHOUT PRIOR
AUTHORIZATION

MC-031.1

- A. Home and/or office visits from or to practitioners (other than dentists or chiropodists) to a limit of three such visits for any one illness, or within 90 days from the first visit, whichever is less.
- B. Dental services, including extractions, required for the relief of pain, or the elimination of acute infection.
- C. Drugs and Medical Supplies:
 1. For Aid to Needy Children recipients, drugs as prescribed by Doctors of Medicine, Osteopathy, Dentistry and Chiropody except alcoholic beverages, food supplements and nutritional and vitamin items. Medical supplies if prescribed by a practitioner, and listed in the schedules of maximum allowances.
 2. For Old Age Security and Aid to the Blind recipients any drug or injection administered or prescribed by Doctors of Medicine, Osteopathy, Dentistry or Chiropody and contained in Manual Secs. MC-031.2 and MC-031.3. Cast materials, dressings and retention catheters when provided by a physician or emergency facility.

Prescriptions should be confined to quantities necessary for the estimated duration of the illness. Where medication is constantly prescribed for the chronically ill, the quantity prescribed should be the most economical amount from the point of view of cost. Expensive proprietary items should not be prescribed when significantly less expensive items would be equally effective.

Prescriptions shall be written on forms prescribed by the SDSW and shall be filled within seven days from the date of issue. No prescription shall be refillable.

Practitioners who do not comply with the rules and procedures contained in this manual shall not use prescription blanks furnished by the SDSW.
- D. Laboratory services for urinalysis and blood counts.
- E. Laboratory and X-ray services as prescribed by the practitioner in an emergency.
- F. Emergency surgery not requiring hospitalization under accepted medical standards.
- G. Services of visiting nurse associations to a maximum of five visits for any one illness.
- H. Chiropody services of an emergency nature for relief of pain or elimination of acute infection. Such emergency care to be justified by written report from the treating chiropodist.
- I. Physical examinations of children receiving Aid to Needy Children who are being placed away from their own parents in foster homes or institutions.

These Regulations are designated to become effective February 1, 1960.

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MC-040.2 SCHEDULE OF MAXIMUM ALLOWANCES Regulations

MC-040.2 SURGERY MC-040.2

Listed procedures indicated by an asterisk: Fee for Surgery only. Follow-up care--charge per visit. See Schedule for Visits and Examinations.

All other services include two weeks' postoperative care.

In multiple surgical procedures, in remote operative fields and separate incisions, an additional 50 percent of the minor fee will be paid.

Two physicians may not be paid for attendance on the same case at the same time except where it is warranted by the necessity of supplementary skills.

Cast materials, dressings and retention catheters may be charged for separately at cost.

Values for X-ray and laboratory procedures are listed elsewhere in this schedule.

No payment will be made for cosmetic surgery.

No payment will be made for elective surgery.

INTEGUMENTARY SYSTEM

Skin and subcutaneous Areolar Tissue

Incision

*0101	Drainage of infected steatoma.	.\$4.00
*0102	Drainage of furuncle	4.00
*0108	Drainage of carbuncle.	4.00
*0114	Drainage of subcutaneous abscess (where not specified elsewhere)	4.00
*0115	Drainage of pilonidal cyst	4.00

(Continued)

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Fiscal	GOVERNMENTAL PARTICIPATION	F-520
F-520 (Continued)		F-520

The following are additional circumstances which govern federal participation:

A. INITIAL PAYMENTS ON NEW APPLICATIONS, REAPPLICATIONS AND RESTORATIONS

The first payments made on new applications, reapplications and restorations are initial payments.

In ANC, "initial payments" also include the first payment for a child transferred from a boarding home to a family budget unit, for the addition of a child to a family budget unit already on ANC, or for the addition of an eligible relative, whether the actual payment is or is not increased. Federal participation is not available prior to the month in which authorizing action is taken to transfer or add a child or eligible relative.

If the investigation of eligibility has extended beyond the period specified in W&IC Secs. 1550, 2180.5, 2180.6 or 3082, the initial payment may represent payment for more than one month. There is no federal participation in retroactive initial payments except as provided in Item B of this section.

There is federal participation beginning with the payment for the month in which the aid is granted if the warrant for the month is delivered in the same month, or not later in the following month than the time when such payment would normally be issued under the county's customary fiscal procedure.

Exceptions:

and ATD

1. In OAS, ANB/there is no federal participation in the first payment delivered to an applicant who remains in a public institution for the full month for which the warrant was paid, other than an eligible patient in a public medical institution. (See Manual of Policies and Procedures OAS, AB and ATD.)
2. In OAS, there is federal participation in aid which is paid "conditionally" on the basis of "presumptive eligibility" only if the county completes its investigation and determines eligibility within two months after the first month for which aid was paid conditionally. Federal participation in such payments shall be claimed retroactively on the basis of eligibility as determined by the completed investigation. If the investigation is not completed and county action taken confirming eligibility within two months after the month in which aid was granted conditionally, federal participation may be claimed only from the first of the month in which the investigation is completed and eligibility confirmed by county action.

(Conditional aid can be paid only following discontinuance of OAS because of employment. See Regulation Sec. A-014.30 and Handbook Sec. A-025.24, Sec. B, Item 6f.)

(Continued)

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WITH THE SECRETARY OF STATE 5
(Pursuant to Government Code Section 11380.1)

AD-370 SETTING THE CASE FOR HEARING

AD-370

The agency is responsible for setting the case for hearing whenever it is necessary to carry out the recommended plan for the child:

1. Following a recommendation of a denial of the petition;
2. When petitioners are seeking, or have secured a dismissal of the petition.

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These Regulations are designated to become effective March 1, 1960.

CONTINUATION SHEET
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Regulations

LICENSING PROGRAM

BH-107.35

BH-107.33 CHANGE IN TERMS OF AN UNEXPIRED LICENSE

BH-107.33

1. An amended license shall be issued when there is need to change the terms of an unexpired license.

An amended license may:

- a. Authorize a requested increase in capacity.
- b. Authorize the care of a named person whose admission or continued care requires special permission (e.g., a mentally retarded child; a nonambulant aged person, etc.).
- c. Remove or decrease limitations in care when these restrictions are no longer necessary (e.g., limitations in age range, care of named persons only, etc.).
- d. Add limitations or reduce capacity if such limitation or reduction is requested or agreed to by the licensee.

An amended license with less restrictive terms shall only be issued when the home can meet the necessary requirements.

2. When investigation indicates that the licensed capacity should be reduced or new limitations placed upon an unexpired license, the reasons for this decision shall be explained. If the licensee agrees to the proposed change, he shall be requested to return his current license and advised that an amended license will be issued on receipt of the prior license.

If the licensee is dissatisfied with the decision to modify the terms of his license, his right of appeal and the 30 day limit for filing an appeal shall be explained.

Upon indication of a desire to appeal, a registered letter shall be sent to the licensee confirming the verbal explanation of the reason for the decision to modify the license, the right of appeal and the 30 day limit for filing an appeal.

On receipt of an appeal, the accredited agency shall immediately notify the Area Office of the SDSW in the manner required when an appeal from the denial or modification of a renewal license is received. (See Sec. BH-108.26.) Under these circumstances, an amended license shall not be issued pending decision on the appeal.

BH-107.35 CHANGE IN TERMS OF LICENSE - INSPECTION AGENCY

BH-107.35

When a change in the type of care or an amendment in the terms of an unexpired license is indicated (see Secs. BH-107.31 and BH-107.33), the appropriate recommendation shall be sent to the SDSW.

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Rev. 60 replaces Rev. 34

Effective 3/1/60

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Statistical

PUBLIC ASSISTANCE

S-180

S-180

MONTHLY STATISTICAL REPORTS ON REASONS FOR NEED IN CASES
GRANTED AID, FORM 254 SERIES

S-180

Purpose

The Monthly Statistical Reports on Reasons for Need in Cases Granted Aid, Forms ABD 254, CA 254, and GR 254 are designed to furnish information on the economic changes in the life of a family or individual which lie behind the application for and approval of assistance.

This information will assist the SDSW, county welfare directors, and other interested parties in analyzing caseload changes and trends, in measuring the effects of existing administrative policies, and in planning new policies.

Content

The reasons for need classify cases granted aid according to the occurrence within the six-month period preceding the application that had the greatest effect in producing the need for assistance. It will be coded as the primary reason for need, distinguishing especially between those which experienced a significant reduction in income or resources and those which did not. Cases are also to be classified according to whether or not OASDI benefits were being received at the time of approval for assistance.

Submittal Procedure

Two copies of the Form 254 appropriate for each program shall be submitted to the Bureau of Statistical Reports, State Department of Social Welfare, 722 Capitol Avenue, Sacramento, so as to arrive not later than the 18th day of the month following the report month. The total number of cases reported must agree with the number of new applications and reapplications (i.e., cases reopened after being closed for a year or more) reported for each program on the respective report of the 237 series. Restorations (i.e., cases re-opened after being closed for less than a year) and transfers from other counties are excluded from this report.

General Considerations

Since the first concern of public assistance programs is to meet the economic need of individuals and families, it is important to know the changes in circumstances that produce economic need. In general, such changes can be grouped into two broad classes: (1) those resulting from a significant reduction in income or resources; and (2) those resulting from other causes, such as increased need without a corresponding increase in income or resources. Frequently, more than one occurrence affects an individual's need for assistance. The occurrences may happen simultaneously or separately and they may take place suddenly or over an extended period of time. It is not feasible to collect information

(Continued)

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S-180 PUBLIC ASSISTANCE Statistical

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on all reasons contributing to an individual's need for assistance, or to use an indefinite time base. For these reasons the reports of the Form 254 series are designed to reflect the occurrence within the six-month period preceding the date the application was signed which, in the judgment of the worker, had the greatest effect in producing the need for assistance. If two or more such occurrences appear to have equal weight, one must be arbitrarily selected.

Because of the differences among programs, some reasons for need are applicable to one program but not to another. For convenience, the reasons for all single-person (OAS, ANB, and ATD) programs have been combined into one classification system, while the Aid to Needy Children (Family Group) and General Home Relief programs each has its own classification system.

(W&IC 115, 116)

S-182 GENERAL INSTRUCTIONS FOR PREPARATION OF FORMS 254 S-182

The total number of cases included in the report for each program must be the same as the number of cases reported on the respective Forms 237 for that month: in Item 9a, Col. 1 (ANC-FG) (ANC), Item 4b, Col. B (OAS, ANB, ATD), and in Item B3a (GHR).

Complete the heading of the report form to show county, month covered, and program. No reports are required on the Aid to Potentially Self-supporting Blind and the Aid to Needy Children-Boarding Homes and Institution program.

All cases granted aid (including reapplications, but not restorations or intercounty transfers) within the month are to be reported in the "Total" Column, opposite the appropriate reasons, and also in columns A or B. The sum of the entries in columns A and B must equal the entry in column I for each line.

Enter in column A, by reason for need, the number of cases granted assistance that were not receiving OASDI benefits at the time of approval. Enter in column B, by reason for need, the number of cases granted aid that were receiving OASDI benefits at the time of approval.

For the Aid to Needy Children and General Home Relief programs, counties may report either on a limited basis or an optional extended basis. The optional extended codes are finer breakdowns of the limited codes and are identified as decimals of the limited codes.

(W&IC 115, 116)

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Statistical PUBLIC ASSISTANCE S-184.1

S-183 CLASSIFICATION OF CASES ACCORDING TO OASDI STATUS AT TIME OF APPROVAL FOR ASSISTANCE, FORMS 254 S-183

These codes apply to all programs.

Not receiving OASDI benefits A

Receiving OASDI benefits B

(W&IC 115, 116)

S-184 CLASSIFICATION OF REASONS FOR NEED OF CASES GRANTED AID - CODE SHEETS S-184

The code sheets in the following sections contain a concise list of the reasons for need and the appropriate codes, for use as a guide by the case worker in determining the reason for need in a case granted aid. The definition for each reason for need appears in the instructions, in Secs. S-186.1-3.

The arrangement of the codes in these code sheets was designed to facilitate their use by the caseworker; the arrangement in the instructions (Sec. S-186) follows that of the report forms.

S-184.1 OLD AGE SECURITY, AID TO NEEDY BLIND, AND AID TO NEEDY DISABLED CASES - CODE SHEET S-184.1

See Sec. S-186.1 for coding instructions. (Code Primary Reasons Occurring within six months preceding application)

I. Significant Reduction in Income or Resources

Code

A. Recipient's earnings lost or reduced because of:

Recipient's illness, injury, or other impairment 01

Recipient's lay-off, discharge or other change in employment status. 05

B. Support from other person living in home stopped or reduced because of:

Death of other person. 11

Other person left home and stopped or reduced support. 12

Illness, injury, or other impairment of other person 13

Other person laid off or discharged, or had other change in employment status 14

Other person's resources not reduced, but support reduced or stopped 15

Other reason support from other person living in home stopped or reduced 16

C. Support from person outside home lost or reduced 19

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S-184.1	PUBLIC ASSISTANCE	Statistical
S-184.1 (Continued)		S-184.1
D.	Other income of recipient lost or reduced.	20
E.	Recipient's assets exhausted or reduced	
	To meet medical care costs	21
	To meet other costs.	22
F.	Other significant reduction or loss of resources (specify) . . .	29
II.	No Significant Reduction in Income or Resources	
G.	Change in law or policy relating to (Use only when instructed by SDSW):	Code
	Determination of need.	31
	Consideration of resources	32
	Other change in law or policy.	33
H.	Increase in recipient's need (without change in resources) for	
	Medical care	34
	Nonmedical assistance.	35
I.	Miscellaneous reasons not elsewhere classified	
	Transferred from General Home Relief	36
	Transferred from County Hospital or Infirmary.	37
	Transferred from other public assistance program (specify)	38
	Transferred from private assistance program.	39
	Previously lived below program standards:	
	Became eligible by reaching minimum age	41
	Became eligible by completing minimum residence requirement	42
	Became eligible by acquiring citizenship (OAS); meeting standard for blindness (ANB) or disability (ATD)	43
	Preferred not to apply.	44
	Other reason for living below standards (specify) . .	45
	Other miscellaneous reasons for need (specify)	49
	(W&IC 115, 116)	

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Statistical PUBLIC ASSISTANCE S-184.2

S-184.2 AID TO NEEDY CHILDREN (FAMILY GROUPS) - CODE SHEET S-184.2

See Sec. 186.2 for coding instructions. (Code primary reason occurring within six months preceding application)

Note: The whole-number part of the code symbol is required; any decimal part is optional.

I. SIGNIFICANT REDUCTION IN INCOME OR RESOURCES

Reason person previously supporting family is giving less support or none	CODE	
	Person in the home	Person not in home
A. Father of children		
Died.	09	21.1
Earnings stopped or reduced because of:		
Illness, injury or other impairment.	02	21.2
Layoff, discharge or other change in employment status	06	21.3
Left home voluntarily and stopped or reduced support.	10	--
Incarcerated.	11	21.4
Deported or excluded from U.S.	12	21.5
Had no loss or reduction in income or resources, but stopped or reduced support.	13.1	21.6
Other reason for reduced or stopped support	13.9	21.9
B. Mother of children		
Died.	14	22.1
Earnings stopped or reduced because of:		
Illness, injury or other impairment.	03	22.2
Layoff, discharge or other change in employment status	07	22.3
Left home voluntarily and stopped or reduced support.	15.1	--
Incarcerated.	15.2	22.4
Deported or excluded from U.S.	15.3	22.5
Had no loss or reduction in income or resources, but stopped or reduced support.	15.4	22.6
Other reason for reduced or stopped support	15.9	22.9

(Continued)

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S-184.2 PUBLIC ASSISTANCE Statistical
S-184.2 (Continued) S-184.2

Reason person previously supporting family is giving less support or none	CODE	
	Person in the home	Person not in home
C. <u>Other caretaker of children</u>		
Died.	14	22.1
Earnings stopped or reduced because of:		
Illness, injury or other impairment.	04	22.2
Layoff, discharge or other change in employment status	08	22.3
Left home voluntarily and stopped or reduced support.	15.1	--
Incarcerated.	15.2	22.4
Deported or excluded from U.S.	15.3	22.5
Had no loss or reduction in income or resources, but stopped or reduced support.	15.4	22.6
Other reason for reduced or stopped support	15.9	22.9
D. <u>Other person</u>		
Died.	16	22.1
Earnings stopped or reduced because of:		
Illness, injury or other impairment.	17	22.2
Layoff, discharge or other change in employment status	18	22.3
Left home voluntarily and stopped or reduced support.	19.1	--
Incarcerated.	19.2	22.4
Deported or excluded from U.S.	19.3	22.5
Had no loss or reduction in income or resources, but stopped or reduced support.	20.1	22.6
Other reason for reduced or stopped support	20.9	22.9
E. <u>Other income of family lost or reduced</u>		23
F. <u>Family's resources exhausted or reduced because:</u>		
Savings or other assets used to meet medical costs. .		24
Savings or other assets used to meet nonmedical costs		25
G. <u>Other significant reduction or loss of resources</u>		29
(Continued)		

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Statistical PUBLIC ASSISTANCE S-184.2

S-184.2 (Continued) S-184.2

Reason person previously supporting family is giving less support or none	CODE	
	Person in the home	Person not in home
II. NO SIGNIFICANT REDUCTION IN INCOME OR RESOURCES		
H. <u>Change in state law or policy (Use only when instructed by SDSW)</u>		
Change related to definition of need.	31	
Change related to consideration of resources.	32	
Other change in law or policy	33	
I. <u>Increase in family's need (Without change in resources)</u>		
Increase in medical need.	34	
Increase in nonmedical need	35	
J. <u>Miscellaneous reasons, not elsewhere classified</u>		
Transferred from General Home Relief.	36	
Transferred from another public assistance program (specify)	38	
Transferred from a private assistance program	39	
Previously lived below ANC standards		
Ignorant of program.	43.1	
Preferred not to apply	43.2	
Other reason for living below ANC standards (specify).	43.9	
Other miscellaneous reasons		
Met nonfinancial eligibility requirements for first time	49.1	
Other (specify).	49.9	
(W&IC 115, 116)		

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S-184.3 PUBLIC ASSISTANCE Statistical

S-184.3 GENERAL HOME RELIEF - CODE SHEET S-184.3

See Sec. S-186.3 for coding instructions. (Code primary reason occurring within six months preceding application)

Note: The whole-number part of the code symbol is required; any decimal part is optional.

I. SIGNIFICANT REDUCTION IN INCOME OR RESOURCES

<u>Affecting Recipient only</u> (one-person cases)		CODE	
Earnings stopped or reduced because of:			
Illness, injury or other impairment of recipient. .		01	
Layoff, discharge, or other change in employment status of recipient		05	
<u>Affecting Family</u> (one or more persons in case)			
<u>Reason Person Previously Supporting Family is Giving Less Support or None</u>	<u>Person in the home</u>	<u>Person not in home</u>	
A. <u>Father, or other male head of family</u>			
Died.	09.1	18.1	
Earnings stopped or reduced because of:			
Illness, injury or other impairment.	02	18.2	
Layoff, discharge, or other change in employment status	06	18.3	
Voluntarily left home and stopped or reduced support, i.e., deserted.	10.0	--	
Incarcerated (prison, road camp, etc.).	10.1	18.4	
Deported or excluded from U.S.	10.2	18.5	
Had no loss or reduction in resources but stopped or reduced support.	10.3	18.6	
Other reason for loss or reduction of support from father or male head of family (specify)	10.4	18.9	

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Statistical PUBLIC ASSISTANCE S-184.3

S-184.3 (Continued) S-184.3

Reason person previously supporting family is giving less support or none	CODE	
	Person in the home	Person not in home
B. <u>Mother, or other female head of family</u>		
Died.	09.2	19.1
Earnings stopped or reduced because of:		
Illness, injury or other impairment.	03	19.2
Layoff, discharge, or other change in employment status	07	19.3
Voluntarily left home and stopped or reduced support. .	10.5	--
Incarcerated (prison, county jail, etc.).	10.6	19.4
Deported or excluded from U. S.	10.7	19.5
Had no loss or reduction in resources, but stopped or reduced support	10.8	19.6
Other reason for loss or reduction of support from mother or other female head of family (specify) . . .	10.9	19.9
C. <u>Other breadwinner of family</u>		
Died.	09.2	19.1
Earnings stopped or reduced because of:		
Illness, injury or other impairment.	04	19.2
Layoff, discharge or other change in employment status	08	19.3
Voluntarily left home and stopped or reduced support. .	10.5	--
Incarcerated (prison, road camp, etc.).	10.6	19.4
Deported or excluded from U.S..	10.7	19.5
Had no loss or reduction in resources but stopped or reduced support	10.8	19.6
Other	10.9	19.9

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S-184.3

PUBLIC ASSISTANCE

Statistical

S-184.3 (Continued)

S-184.3

Reason person previously supporting family is giving less support or none	CODE	
	Person in the home	Person not in home
D. <u>Other person</u>		
Died	11	19.1
Earnings stopped or reduced because of:		
Illness, injury or other impairment	12	19.2
Layoff, discharge, or other change in employment status.	13	19.3
Voluntarily left home and stopped or reduced support	14.1	--
Incarcerated (prison, road camp, etc.)	14.2	19.4
Deported or excluded from U.S.	14.3	19.5
Had no loss or reduction in resources but stopped or reduced support.	15.1	19.6
Other reason support from other person in home stopped or reduced	15.2	19.9
E. <u>Other income lost or reduced.</u>		20
F. <u>Resources exhausted or reduced because:</u>		
Savings or other assets used to meet medical costs .		21
Savings or other assets used to meet nonmedical costs.		22
G. <u>Other significant reduction or loss of resources</u> <u>(specify)</u>		29

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Statistical PUBLIC ASSISTANCE S-184.3

S-184.3 (Continued) S-184.3

Reason person previously supporting family is giving less support or none	CODE	
	Person in the home	Person not in home
II. NO SIGNIFICANT REDUCTION IN INCOME OR RESOURCES		
H. Change in law or agency policy		
Change related to definition of need.	31	
Change related to consideration of resources.	32	
Other change in law or policy	33	
I. Increase in need (without change in resources)		
Increase in medical need.	34	
Increase in nonmedical need	35	
J. Miscellaneous reasons, not elsewhere classified		
Transferred from another public assistance program (specify).	38	
Transferred from a private assistance program.	39	
Previously lived below General Home Relief standards		
Ignorant of program	43.1	
Preferred not to apply.	43.2	
Other reason for living below GHR standards (specify)	43.9	
Other miscellaneous reasons		
Met nonfinancial eligibility requirements for first time.	49.1	
Other reason (specify).	49.9	
(W&IC 115, 116)		

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S-186.1

PUBLIC ASSISTANCE

Statistical

S-186.1 INSTRUCTIONS FOR CODING REASONS FOR NEED IN CASES GRANTED
AID - OLD AGE SECURITY, AID TO NEEDY BLIND, AND AID TO
NEEDY DISABLED

S-186.1

A. General Instructions

Two code entries are required for each OAS, ANB, and ATD case upon approval of a new application or a reapplication (not restorations or transfers from other counties). A single-digit code will indicate whether the applicant was or was not receiving OASDI benefits at the time of approval. A two-digit code will identify the reason the recipient qualified for assistance.

For purposes of this report, the following definitions will be used:

Case - The individual approved for assistance under the applicable program.

Home - Includes all persons sharing a common living arrangement.

Recipient - This is the payee, or the person in whose behalf an assistance payment is received by a legal representative.

B. Instructions for Coding OASDI Status of Case

One of codes A and B will be used for each case to indicate whether OASDI benefits were being received at the time the case was approved for assistance. If OASDI, specifically designated for the recipient, was considered in determining his first month's grant, he is receiving OASDI; otherwise not. He is not receiving OASDI if all he gets is an allocation from the spouse's benefits.

Code A. Not receiving benefits - Use this code if OASDI benefits were not being received at the time the case was approved for assistance.

Code B. Receiving benefits - Use this code if OASDI benefits were being received at the time the case was approved for assistance.

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Statistical

PUBLIC ASSISTANCE

S-186.1

S-186.1 (Continued)

S-186.1

C. Instructions for Coding Specific Reasons for Need

(code primary reason occurring within 6 months preceding application)

I. Significant Reduction in Income or Resourcesa. Recipient's earnings lost or reduced because of:

If the need for assistance was caused primarily by the loss of or reduction in earnings of the recipient one of the codes 01 or 05 will be used. The employment, including self-employment, may have been full-time or part-time but the loss of or reduction in earnings will be considered the primary reason why assistance is needed only if the earnings had been sufficient to meet a substantial part of the recipient's needs.

Code 01. Recipient's illness, injury or other impairment

This code will be used if the loss of or reduction in earnings of the recipient resulted from an illness, injury, or other impairment. Do not use this code if the recipient was kept from work by the disability of another person.

For a case to be classified in 01, the recipient should be known:

(1) to have had an illness, injury, or other impairment; and (2) to have suffered a loss of or reduction in his earnings as a direct result of such disability. The loss of or decrease in earnings must have occurred within the six months preceding the application for assistance, but the onset of the disability need not have occurred within that period. In instances in which a recipient was discharged or retired because of age alone, or a blind employee was dismissed in a general lay-off, the case should be coded 05 rather than 01.

Code 05. Recipient's lay-off, discharge, or other change in employment status - Code 05 will be used if the loss of or reduction in earnings of the recipient resulted from any cause other than his illness, injury, or impairment. The recipient may have been laid off or discharged or may have voluntarily quit.

b. Support from other person living in the home stopped or reduced because of:

Use one of these codes if there was a loss of or reduction in support from a person in the home other than the recipient and if the change in support resulted from one of the specified causes. A case involving the loss of support from a person outside the home should be coded 19.

Code 11. Death of other person - Use this code if the loss of or reduction in support from another person in the home resulted from the death of that person.

Code 12. Other person left home and stopped or reduced support - Use this code if the loss of or reduction in support from another person in the home resulted from this person's voluntarily leaving the home during the six-month period preceding the application and stopping or reducing the support he had been providing.

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PUBLIC ASSISTANCE

Statistical

S-186.1 (Continued)

S-186.1

Code 13. Illness, injury or other impairment of other person - Use this code if the loss of or reduction in support from another person in the home resulted from an illness, injury, or other impairment of that person. The change in support may have been the result of decreased earnings or of a decrease in ability to support because of additional needs resulting from the disability.

Code 14. Other person laid-off or discharged or had other change in employment status - Use this code if the loss of or reduction in support from another person in the home resulted from his lay-off, discharge, or other change in employment status.

Code 15. Other person's resources not reduced, but support reduced or withdrawn - Use this code if a person living in the home stopped or reduced contributions towards the recipient's support without having suffered any loss of income or assets and without leaving the home. For example, this person may have experienced an increase in his own needs.

Code 16. Support from other person living in the home lost or reduced for other reason - Use this code if support from another person living in the home was lost or reduced and none of codes 11-15 applies.

c. Support from person outside the home lost or reduced:

Code 19 - Use code 19 if the needs of the recipient had been met wholly or in part through contributions from a person outside the home, and such contributions were discontinued or reduced.

d. Other income of recipient lost or reduced:

Code 20 - Use this code if the recipient suffered a loss of or reduction in income from some source other than those specified for codes 01-19. Examples of such income are: (a) OASDI benefits; (b) allowance, pension or other payment connected with military service; (c) unemployment benefits; and (d) workmen's compensation. Do not include in this item the loss of any income that is based on the recipient's need, e.g., payments from private welfare agencies to needy persons.

e. Recipient's assets exhausted or reduced:

Use one of the codes 21-22 if the savings or other assets of the recipient have been exhausted in meeting medical care or other costs, or if such use of the assets has reduced them to an amount the recipient is permitted to hold under the public assistance law.

Code 21. To meet medical care costs - Use this code if in meeting medical care costs the assets have been exhausted or have been reduced to an amount the recipient is permitted to hold under the public assistance law. The term medical care costs is used in the generic sense, i.e., it embraces costs of all items usually considered medical or remedial care, including care in nursing homes, and is not confined to the kinds of care allowable under the Medical Care program.

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Code 22. To meet other costs - Use this code if in meeting living costs other than for medical care the assets have been exhausted or have been reduced to an amount the recipient is permitted to hold under the public assistance law.

f. Other significant reduction or loss of resources (specify)

Code 29 - Use this code if the assets of the recipient have been depleted or reduced to an amount permitted under the public assistance law by circumstances differing from those specified in codes 01-22. Examples of such circumstances might include loss of investments through a business failure, or loss of the home or other building by fire. Do not use this code if the asset produced an income which provided full or partial support; under such circumstances code 20 should be used. Specify the nature of the change.

II. No Significant Reduction in Income or Resources

g. Change in law or policy relating to: (Use only when instructed by SDSW)

Code 31. Determination of need

Code 32. Consideration of resources

Code 33. Other change in law or policy

h. Increase in recipient's need (without change in resources) for:

One of the codes 34 or 35 will be used if the needs of the recipient increased, but his income and resources remained essentially unchanged. The increased need may have been for medical care or for any other item of need.

Code 34. Medical care - Use this code if the needs of the recipient increased as a result of the need for medical care. The term medical care is used in the generic sense, i.e., it embraces all items usually considered medical or remedial care, including care in nursing homes and is not confined to needs allowable under the Medical Care program.

Code 35. Non-medical assistance - Use this code if the needs of the recipient increased for any item covered by the standard of need, exclusive of medical care. Such an increase might result, for example, from the recipient's establishing his own home after living with a relative.

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1. Miscellaneous reasons, not elsewhere classified

Use one of these codes if there was no material change in the recipient's income or resources within the six-month period preceding the application and none of the codes 31-35 is applicable. For example, a recipient may have been needy and eligible over an extended period of time but may have postponed applying by living below public assistance standards.

Code 36. Transferred from General Home Relief - Use this code if recipient was on the General Home Relief roll for at least the six months immediately preceding application.

Code 37. Transferred from county hospital or infirmary - Use this code if recipient was in the county hospital for at least the six months immediately preceding application.

Code 38. Transferred from other public assistance program (specify) - Use this code only if the recipient received assistance for six months or longer under the program from which he was transferred. The program from which the recipient was transferred may be any type of public aid administered on the basis of need. Identify the program. Do not use this code in the following types of situations:

1. Transfers from another assistance program as a result of a change in law or policy; under such circumstances one of the codes 31-33 will be used, under direction from SDSW.
2. Loss of (a) OASDI benefits, (b) allowance, pension or other payment connected with military service, (c) unemployment benefits, or (d) workmen's compensation; under such circumstances code 20 should be used.
3. Transfer from another county within the same program. These are specifically excluded from this report. (See Secs. S-180 and S-182.)
4. Cases opened when the recipient was previously included in another assistance case which has not been closed; under such circumstances code 49 should be used.

Code 39. Transferred from private assistance program - Use this code if the recipient was receiving support from an organized private assistance program for at least six months immediately preceding application.

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Previously lived below program standards:

Code 41. Reached minimum age - Use this code if the recipient during the six months preceding application, reached minimum age for the program.

Code 42. Acquired minimum residence - Use this code if the recipient, during the six months preceding application, completed the 5 years residence requirement.

Code 43. Acquired citizenship (OAS); met standard for blindness (ANB), or disability (ATD) - Use this code if the recipient, during the six months preceding application, became eligible as indicated.

Code 44. Preferred not to apply - Use this code if the recipient knew about the assistance program but preferred to live independently.

Code 45. Other reason for living below standards (specify) - Use this code if recipient previously lived below program standards for reasons other than those indicated by codes 41-44. For example, he may have been ignorant of the program. Specify the reason.

Code 49. Other miscellaneous reason for need (specify) - Use this code if none of the codes 01-45 applies, and specify the exact reason.

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S-186.2 AID TO NEEDY CHILDREN - FAMILY GROUPS

S-186.2

A. General Instructions

Two code entries are required for each ANC-FG case upon approval of a new application or a reapplication (not restorations nor transfers from other counties). A single-digit code will indicate whether the family budget unit (or any member thereof) was receiving OASDI benefits at the time of approval. A two-digit code will identify the reason the family qualified for assistance (Reason for Need). A county wishing to report on the optional-extended basis will also use a third digit, set apart by a decimal point.

For purposes of this report, the following definitions will be used:

Family Budget unit - The person or persons whose needs are considered, in whole or in part, in determining the ANC payment.

ANC caretaker - A parent or other relative carrying parental responsibility for the children in the family budget unit. The caretaker for a specific family budget unit may change from time to time. For example, if the children in a family budget unit are living with their grandmother only, she is the caretaker. If the mother returns to the home and resumes her parental role, she becomes the caretaker. In some instances, the caretaker will not be a member of the family budget unit.

Home - Includes all persons sharing a common living arrangement. The term is more inclusive than family budget unit.

B. Instructions for Coding OASDI Status of Case

One of codes A and B will be used for each case to indicate that OASDI benefits were, or were not, being received by a person in the family budget unit at the time the case was granted aid. If an OASDI benefit, specifically designated for a member of the family budget unit, was given consideration when establishing the amount of the first month's grant, use Code B; otherwise use Code A.

Code A. Not receiving benefits - Use this code if no person in the family budget unit was receiving OASDI benefits at the time the case was granted aid.

Code B. Receiving benefits - Use this code if any person in the family budget unit was receiving OASDI benefits at the time the case was granted aid.

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C. Instructions for Coding Specific Reasons for Need (Code primary reason occurring within six months preceding application)

I. Significant Reduction in Income or Resources

a. Family's income from earnings lost or reduced because of:

One of the codes 02-08 will be used if the loss of or reduction in earnings resulted from an event affecting the family's caretaker. Do not use one of these codes if the caretaker was kept from work by the disability of another person.

For a case to be classified in one of these items, the caretaker should be known to have suffered a loss of or reduction in his earnings as a direct result of disability or change in employment status. The loss of or decrease in earnings must have occurred within the six months preceding the application for assistance, but the onset of disability need not have occurred within that period.

Code 02. Illness, injury or other impairment of children's father - Use this code if the father of one or more children in the ANC family budget unit suffered a loss of or reduction in earnings as a result of an illness, injury, or other impairment. The father referred to is the father whose loss of earnings deprives the children of parental support. This code should be used if the disabled father is in the home or if he is absent from the home for the purpose of obtaining medical care. Do not use this code if the father is absent for another reason.

Code 03. Illness, injury or other impairment of children's mother - Use this code if the mother of the children in the family budget unit suffered a loss of or reduction in earnings as a result of an illness, injury, or other impairment. Include cases of pregnant women.

Code 04. Illness, injury or other impairment of other caretaker of children - Use this code if the caretaker (other than the father or mother) of the children in the ANC family budget unit suffered a loss of or reduction in earnings as a result of an illness, injury, or other impairment. This code will be used only if the caretaker had been supporting the children prior to the loss of or reduction in earnings.

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Code 06. Lay-off, discharge, or other change in employment status, of children's father - Use this code if the father of one or more children in the family budget unit suffered a loss of or reduction in earnings as a result of lay-off, discharge, or other reason. The father referred to is the father whose loss of earnings deprives the children of parental support. This reason is applicable only if the children are eligible for ANC even though the father is in the home, if he has been supporting the children, and if the loss of or reduction in his earnings did not result from disability. Examples of circumstances of this type include those in which employment was lost by: (1) a father who must stay in the home to care for small children, following the death of their mother; and (2) a father who voluntarily discontinued a business he had been operating even though he had been incapacitated for more than six months prior to the date of application.

Code 07. Lay-off, discharge, or other change in employment status, of children's mother - Use this code if the mother of the children in the ANC group suffered a loss of or reduction in earnings as a result of lay-off, discharge, or other reason.

Code 08. Lay-off, discharge, or other change in employment status, of other caretaker of children - Use this code if the caretaker (other than the father or mother) of the children in the ANC family budget unit suffered a loss of or reduction in earnings as a result of lay-off, discharge, or other reason. This code will be used only if the caretaker had been supporting the children prior to the loss of or reduction in earnings.

b. Family's support from caretaker in the home lost or reduced because:

One of the codes 09-15.9 will be used if a loss of or reduction in support from the caretaker occurred as a result of death or leaving home and stopping or reducing support. The caretaker may be the father, mother, or other relative but must have been supporting the children prior to death or leaving home.

Code 09. Children's father died - Use this code if the loss of or reduction in support from the children's father resulted from his death.

Code 10. Children's father voluntarily left home and stopped or reduced support - Use this code if the loss of or reduction in support from the children's father resulted from his leaving home and stopping and reducing support of the children.

Code 11. Children's father was incarcerated - Use this code if the loss of or reduction in support from the children's father resulted from his incarceration, e.g., in a penitentiary, prison, jail, or road camp.

Code 12. Children's father was deported or excluded from the United States - Use this code if the loss of or reduction in support from the children's father resulted from his deportation to another country or denial of entry into the United States.

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Code 13.1 Children's father had no loss or reduction in income or resources, but stopped or reduced support - Use this code if the children's father, without leaving the home and without suffering any loss of income or resources, stopped or reduced the support he had been giving. This might result, for example, if additional demands were made upon his resources.

Code 13.9 Support from children's father lost or reduced for other reasons - Use this code if support from the children's father was lost for a reason other than those described by codes 09-13.1.

Code 14. Other caretaker of children died - Use this code if the loss of or reduction in support from a caretaker, other than the children's father, resulted from the caretaker's death.

Code 15.1 Other caretaker of children left home voluntarily and and stopped or reduced support - Use this code if the loss of or reduction in support from the children's caretaker (other than the father) resulted from his leaving home and stopping or reducing support of the children.

Code 15.2 Other caretaker of children was incarcerated - Use this code if the loss of or reduction in support from the children's caretaker (other than the father) resulted from his incarceration, e.g., in a penitentiary, prison, jail, or road camp.

Code 15.3 Other caretaker of children was deported or excluded from the United States - Use this code if the loss of or reduction in support from the children's caretaker (other than the father) resulted from his deportation to another country or denial of entry into the United States.

Code 15.4 Other caretaker of children had no loss or reduction in income or resources, but stopped or reduced support - Use this code if the children's caretaker, without leaving the home and without suffering any loss of income or resources, stopped or reduced the support he had been giving. This might result, for example, if additional demands were made upon his resources.

Code 15.9 Other reason for loss of or reduction in support from other caretaker in the home - Use this code if one of the codes 14 to 15.4 describe the reason why a loss of or reduction in support from a caretaker living in the home took place.

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- c. Family's support from other person living in the home stopped or reduced because of:

One of the codes 16-20.9 will be used if there was a loss of or reduction in support from a person in the home other than the parent or caretaker and if the change in support resulted from one of the specified causes. A case involving the loss of support from a person outside the home should be given one of codes 21.1 - 22.9.

Code 16. Death of other person - Use this code if the loss of or reduction in support from another person in the home (a person other than parent or caretaker) resulted from the death of that person.

Code 17. Illness, injury, or other impairment of other person - Use this code if the loss of or reduction in support from another person in the home resulted from an illness, injury, or other impairment of that person. The change in support may have been the result of decreased earnings or a decrease in ability to support because of additional needs resulting from the disability.

Code 18. Other person laid-off, discharged, or had other change in employment status - Use this code if the loss of or reduction in support from another person in the home resulted from his lay-off, discharge or other change in employment status.

Code 19.1 Other person left home voluntarily and stopped or reduced support - Use this code if the loss of or reduction in support from another person in the home resulted from his leaving the home voluntarily during the six-month period preceding the application and stopping or reducing the support he had been providing.

Code 19.2 Other person was incarcerated - Use this code if the loss of or reduction in support from another person in the home resulted from his being incarcerated in a prison, jail, road camp, etc.

Code 19.3 Other person was deported or excluded from the U.S. - Use this code if the loss or reduction in support from another person in the home resulted because the other person was deported or excluded from the United States.

Code 20.1 Other person's resources not reduced, but support reduced or withdrawn - Use this code if the person (other than the parent or caretaker) who had been supporting the children in the family budget unit, withdrew or reduced his support without leaving the home and without suffering significant loss or reduction in resources.

Code 20.9 Other reason other person in the home stopped or reduced support - Use this code if none of Codes 16 - 20.1 describes the reason support from another person living in the home was reduced or withdrawn.

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- d. Family's support from person outside home stopped or reduced--Use one of the codes 21.1-22.9 if the needs of the family budget unit have been met wholly or in part through contributions from a person who had been outside the home for at least six months and such contributions were discontinued or reduced during the six-month period preceding application, for the reason indicated.

Support from father outside the home (absent from home at least six months preceding application) stopped or reduced

Code 21.1 Death of father - Use this code if the ANC father has been absent throughout the six-month period preceding the application and in that period died. Do not use this code if the ANC father had left the home within the six-month period preceding the application and then died. Code 09 should be used for such cases.

Code 21.2 Illness, injury, or other impairment of father - Use this code if contributions from the father, who had been absent at least six months before the family made application, were reduced or stopped because he suffered an illness, injury or other impairment.

Code 21.3 Lay-off, Discharge, or other change in employment status of father - Use this code if contributions from the father, who had been absent from the home at least six months before the family made application, were reduced or stopped because he was laid off, discharged or had some other change in employment status.

Code 21.4 Children's father was incarcerated - Use this code if support was stopped or reduced because the father was placed in a prison, jail, or road camp, etc.

Code 21.5 Children's father was deported or excluded from the United States - Use this code if support was stopped or reduced because the father was deported or excluded from the United States.

Code 21.6 Father's resources not reduced, but support stopped or reduced - Use this code if, without having any reduction in his resources, the father reduced or stopped the contributions he had been making. This might be due to increased demands upon his resources from other directions.

Code 21.9 Other reason support from father outside the home was stopped or reduced - Use this code if none of codes 21.1-21.6 applies to a loss or reduction of support from a father outside the home.

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Support from other person (not father) outside the home, previously giving support stopped or reduced

Code 22.1 Death of other person - Use this code if contributions from a person outside the home were discontinued or reduced because the person died within the six months preceding application.

Code 22.2 Illness, injury, or other impairment of other person - Use this code if contributions toward the support of the children from a person outside the home were reduced or stopped because the person suffered an illness, injury or other impairment.

Code 22.3 Lay-off, discharge, or other change in employment status of other person - Use this code if contributions from a person outside the home were reduced or stopped because the person was laid off, discharged, or had some other change in employment status.

Code 22.4 Other person was incarcerated - Use this code if contributions from a person outside the home were stopped or reduced because the person was placed in prison, jail or road camp during the six months preceding application.

Code 22.5 Other person was deported or excluded from the United States - Use this code if contributions from a person outside the home were stopped or reduced because the person was deported or excluded from the United States during the six months preceding application.

Code 22.6 Resources of other person not reduced but support stopped or reduced - Use this code if a person outside the home stopped or reduced this support without having undergone any reduction in his own resources. This might be due to increased demand upon his resources from other sources.

Code 22.9 Other reason support from other person stopped or reduced - Use this code if a person outside the home withdrew or reduced this support for a reason not covered by codes 22.1.-22.6.

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e. Other income of family lost or reduced

Code 23. Use this code if the family budget unit suffered a loss of or reduction in income from a source other than those specified in Codes 02-22.9. Examples of such income are: (a) OASDI benefits; (b) allowance, pension, or other payment connected with military service; (c) unemployment benefits; and (d) workmen's compensation. Do not include in this item the loss of any income that is based on need; e.g., contributions from a private welfare agency.

f. Family's resources exhausted or reduced because:

Use one of the codes 24-25 if the savings or other assets of the family budget unit have been exhausted in meeting medical care or other costs, or if such use of the assets has reduced them to an amount the family budget unit is permitted to hold under the public assistance law.

Code 24. Savings or other assets used to meet medical costs -
Use this code if in meeting medical care costs the family's assets have been exhausted or have been reduced to an amount permitted under the public assistance law. The term medical care costs is used in the generic sense; i.e., it embraces costs of all items usually considered medical or remedial care, including care in nursing homes, and is not confined to items allowable under the Medical Care program.

Code 25. Savings or other assets used to meet nonmedical costs -
Use this code if, in meeting living costs other than for medical care, the family's assets have been exhausted or have been reduced to an amount permitted under the public assistance law.

g. Other significant reduction or loss of resources

Code 29. Use this code if the resources of the family budget unit have been depleted or reduced to an amount permitted under the public assistance law by circumstances differing from those specified in codes 02-25. Examples of such circumstances might include loss of investments through a business failure, or loss of the home or other buildings by fire. Do not use this code if the asset produced an income which provided full or partial support; under such circumstances code 23 should be used.

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II. No Significant Reduction in Income or Resources

h. Change in State law or policy (Use only when instructed by SDSW):

Specific instructions for codes 31-33 will be issued by SDSW whenever a change in law or policy makes these codes significant.

Code 31. Change related to definition of need -

Code 32. Change related to consideration of resources -

Code 33. Other change in law or policy -

i. Increase in family's need (without change in resources):

Code 34 or 35 will be used if the needs of the family budget unit increased without a corresponding change in income or resources. The increased need may have been for medical care or for any other item included in the standard of needs.

Code 34. Increase in medical need - Use this code if the needs of the family increased as a result of a need for medical care. The term medical care is used in the generic sense, i.e., it embraces all items usually considered medical or remedial care, including care in nursing homes, and is not confined to items allowable under the Medical Care program.

Code 35. Increase in nonmedical need - Use this code if the needs of family increased for any item covered by the standard of needs exclusive of medical care. Such an increase might result, for example, from the family's establishing its own home after living with relatives.

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j. Miscellaneous reasons, not elsewhere classified

Use one of these codes if there was no material change in the family's income or resources within the six-month period preceding the application and also none of the codes 31-35 is applicable. For example, a family may have been needy and eligible over an extended period of time but may have postponed applying by living below the ANC standard or it may have been included in another assistance case which has not been closed.

Code 36. Transferred from General Home Relief - Use this code if the family received General Home Relief for at least the six months immediately preceding application.

Code 38. Transferred from another public assistance program (specify) - Use this code only if the family received assistance for six months or longer under the program from which it was transferred. If assistance under that program has been received less than six months, one of the codes 02-35, or 49.9 should be used. The program from which the family was transferred may be any type of public aid administered on the basis of need. Identify the program.

Do not use this code in the following types of situations:

1. Transfers from another assistance program as a result of a change in law or policy; under such circumstances one of the codes 31-33 will be used.
2. Loss of (a) OASDI benefits, (b) allowance, pension or other payment connected with military service, (c) unemployment benefits, or (d) workmen's compensation. Under such circumstances code 23 should be used.
3. Cases opened when the family was previously included in another assistance case which has not been closed; under such circumstances Code 49.9 should be used.

Code 39. Transferred from a private assistance program - Use this code if the family was receiving support from an organized private assistance program for at least six months immediately preceding application.

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Previously lived below ANC standards

Code 43.1 Ignorant of program - Use this code if, for the six months period preceding application, the family did not know ANC was available, although eligible for it.

Code 43.2 Preferred not to apply - Use this code if, for the six-month's preceding application, the family was eligible for ANC but chose not to file an application.

Code 43.9 Other reason for living below ANC standards (specify) - Use this code if, for the six months preceding application, the family was eligible for ANC, but for a reason other than ignorance or choice, did not apply. Specify the reason.

Other Miscellaneous Reasons

Code 49.1 Met nonfinancial eligibility requirements for first time - Use this code if the family was eligible throughout the six months preceding application in terms of need, but met the nonfinancial requirements for the first time during this period.

Code 49.9 Other (specify) - Use this code if none of the codes 02-49.1 applies and specify the exact reason.

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S-186.3 GENERAL HOME RELIEF

S-186.3

A. General Instructions

Two code entries are required for each General Home Relief case upon approval of a new application or a reapplication (not restorations nor transfers from other counties). A single-digit code will indicate whether the recipient or family (or any member thereof) was or was not receiving OASDI benefits at the time of approval. A two-digit code will identify the reason the case qualified for assistance (Reason for Need). Counties wishing to report on the optional-extended basis will also use a third digit, set apart by a decimal point.

For purposes of this report, the following definitions will be used:

Breadwinner - The person who is considered to be the principal wage earner in the case.

Case - The person or family whose needs are met, in whole or in part, by General Home Relief.

Home - Includes all persons sharing a common living arrangement.

Recipient - A person in whose behalf a payment is made or who is a member of the GHR family.

B. Instructions for Coding OASDI Status of Case

One of codes A and B will be used for each case to indicate that OASDI benefits were being received by a person in the case at the time the case was approved for assistance. If OASDI, specifically designated for a member of the GHR family, was considered in determining the first month's grant, the case is receiving OASDI; otherwise not.

Code A. Not receiving benefits - Use this code if no person in the case was receiving OASDI benefits at the time it was approved for assistance.

Code B. Receiving benefits - Use this code if any person in the case was receiving OASDI benefits at the time it was approved for assistance.

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C. Instructions for Coding Specific Reasons for Need (Code primary reason occurring within 6 months preceding application)

I. Significant Reduction in Income or Resources

a. Income from earnings lost or reduced because of:

For a case to be classified under one of these codes, the breadwinner should be known to have an illness, injury, or other impairment, and to have suffered a loss of or reduction in his earnings as a direct result of such disability, or from having been laid off or discharged or having voluntarily quit. The loss of or decrease in earnings must have occurred within the 6 months preceding the application for assistance, but the onset of a disability need not have occurred within that period. In instances in which a breadwinner was discharged or retired because of age alone, or a blind employee was dismissed in a general lay-off, the case should be coded under one of the items 05-08 rather than under one of the items 01-04.

Code 01. Illness, injury or other impairment of recipient (one-person case) - Use this code if the recipient in a one-person case suffered a loss of or reduction in earnings as a result of an illness, injury, or other impairment.

Code 02. Illness, injury or other impairment of father, or male head of family - Use this code if the father or male head of the family suffered a loss of or reduction in earnings as a result of an illness, injury, or other impairment. The person referred to is one whose loss of earnings deprives the family of support. This code should be used if the disabled person is in the home or if he is absent from the home for the purpose of obtaining medical care. Do not use this code if he is absent for another reason.

Code 03. Illness, injury or other impairment of mother, or female head of family - Use this code if the mother or female head of the family suffered a loss of or reduction in earnings as a result of an illness, injury, or other impairment. Include cases of pregnant women.

Code 04. Illness, injury or other impairment of other breadwinner of family - Use this code if the breadwinner (other than the head) for the family suffered a loss of or reduction in earnings as a result of an illness, injury, or other impairment. This code will be used only if the breadwinner had been giving major support to the family prior to the loss of or reduction in earnings.

Code 05. Lay-off, discharge, or other change in employment status of recipient (one-person case) - Use this code if the recipient in a one-person case suffered a loss of or reduction in earnings for a reason other than illness, injury or impairment. The recipient may have been laid off or discharged or may have voluntarily quit.

(Continued)

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 (Pursuant to Government Code Section 11380.1)

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Code 06. Lay-off, discharge, or other change in employment status of father or male head of family - Use this code if the father or male head of the family suffered a loss of or reduction in earnings as a result of lay-off, discharge, or other change in employment status. The person referred to is the one whose loss of earnings deprives the family of support. This code is applicable only if the person is in the home; if he has been supporting the family; and if the loss of or reduction in his earnings did not result from disability. Examples of circumstances of this type include those in which employment was lost by: (1) a stepfather, not legally responsible, who has been supporting the children; (2) a father who must stay in the home to care for small children, following the death of their mother; and (3) a person who voluntarily discontinued a business he had been operating even though he had been incapacitated for more than 6 months prior to the date of application.

Code 07. Lay-off, discharge or other change in employment status of mother or female head of family - Use this code if the mother or female head of the family suffered a loss of or reduction in earnings as a result of lay-off, discharge, or other change in employment status.

Code 08. Lay-off, discharge, or other change in employment status of other breadwinner of family - Use this code if the breadwinner (other than the male or female head) of the family suffered a loss of or reduction in earnings as a result of lay-off, discharge, or other change in employment status. This code will be used only if the breadwinner had been supporting the family, in whole or in part, prior to the loss of or reduction in earnings.

b. Support from breadwinner in home lost or reduced because:

One of the codes 9.1-10.9 will be used if there was a loss of or reduction in support from the breadwinner as a result of his death or leaving home and stopping or reducing support. The breadwinner may be the father, mother, or other relative but must have been supporting the family or recipient, in whole or in part, prior to death or leaving home.

Breadwinner died

Code 9.1 Father or male head of family died - Use this code if the breadwinner whose death resulted in loss of or reduction in support to the family was the father or male head.

Code 9.2 Other breadwinner of family died - Use this code if the breadwinner whose death resulted in loss of or reduction in support to the family was someone other than the father or male head of the family.

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Breadwinner left home and stopped or reduced support

Code 10.0 Father or male head of family, voluntarily left home and stopped or reduced support - Use this code if the breadwinner who voluntarily left the home and reduced or stopped support to the family was the father or male head of the family.

Code 10.1 Father, or male head of family, was incarcerated - Use this code if the father or other male head of the family was detained in a penitentiary, prison, jail, road camp or other similar institution, and his support to the family was stopped or reduced in consequence.

Code 10.2 Father, or male head of family, was deported or excluded from the United States - Use this code if the father, or other male head of the family, was deported or excluded from this country and his support to the family was stopped or reduced in consequence.

Code 10.3 Father, or male head of family, had no loss or reduction in resources but stopped or reduced support - Use this code if the father or other male head of the family, without leaving the home and without suffering a reduction in resources, reduced or stopped his support to the family. For example, additional demands may have been made on his resources.

Code 10.4 Other reason for loss of or reduction in support from father or male head of family (specify) - Use this code if there was loss of or reduction in support from the father or male head of the family and none of the codes 10.1 through 10.3 applies. Specify the reason.

Code 10.5 Other breadwinner of family voluntarily left home and stopped or reduced support - Use this code if the loss of or reduction in support from a breadwinner other than the father or other male head, resulted from his leaving home voluntarily during the six-month period preceding the application and stopping or reducing the support he had been providing.

Code 10.6 Other breadwinner of family was incarcerated - Use this code if the breadwinner of the family, other than the father or other male head, was detained in a penitentiary, prison, jail, road camp or other similar institution, and his support to the family was stopped or reduced in consequence.

Code 10.7 Other breadwinner of family was deported or excluded from the United States Use this code if the breadwinner of the family, other than the father or other male head, was deported or excluded from this country and his support to the family was stopped or reduced in consequence.

Code 10.8 Other breadwinner had no loss or reduction in resources but stopped or reduced support - Use this code if the other breadwinner, without leaving the home and without suffering any loss or reduction in resources, reduced or stopped support of the family. For example, additional demands may have been made on his resources.

Code 10.9 Other reason for loss of or reduction in support from other breadwinner - Use this code if there was loss of or reduction in support from a breadwinner in the home, other than the father or other male head, and none of codes 10.5 through 10.8 applies. Specify the reason.

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CALIFORNIA-SDSW-MANUAL-STAT

Revision 265

Effective 3/1/60

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c. Support from other person living in the home lost or reduced because of:

One of the codes 11-15.2 will be used if there was a loss of or reduction in support from a person in the home other than the parent, the family head, or the family breadwinner, and if the change in support resulted from one of the specified causes. A case involving the loss of support from a person outside the home should be given one of codes 18.1-19.9.

Code 11. Death of other person - Use this code if the loss of or reduction in support from another person in the home resulted from the death of that person.

Code 12. Illness, injury, or other impairment of other person - Use this code if the loss of or reduction in support from another person in the home resulted from an illness, injury, or other impairment of that person. The change in support may have been the result of decreased earnings or of a decrease in ability to support because of additional needs resulting from the disability.

Code 13. Other person laid off, discharged, or had other change in employment status - Use this code if the loss of or reduction in support from another person in the home resulted from his lay-off, discharge, or other change in employment status.

Code 14.1 Other person voluntarily left home and stopped or reduced support - Use this code if the loss of or reduction in support from another person in the home resulted from his voluntarily leaving the home during the 6-month period preceding the application and stopping or reducing the support he had been providing.

Code 14.2 Other person was incarcerated - Use this code if the loss of or reduction in support from another person in the home resulted from his being incarcerated in a penitentiary, jail, road camp, etc.

Code 14.3 Other person was deported or excluded from the United States - Use this code if support from another person in the home was stopped or reduced because the person was deported or excluded from the United States.

Code 15.1 Other person's resources not reduced, but support stopped or reduced - Use this code if the person (other than the breadwinner) who had been contributing to support of the family, withdrew or reduced his support without leaving the home and without suffering significant loss or reduction in resources.

Code 15.2 Other reason support from other person in the home was stopped or reduced - Use this code if support from another person in the home was stopped or reduced for a reason not covered by codes 11-15.1.

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- d. Support from person outside home stopped or reduced
Use one of the codes 18.1-19.9 if the needs of the recipient or family have been met wholly or in part through contributions from a person outside the home, and such contributions were discontinued or reduced.

Father, or male head of family (absent from home at least six months.)

Code 18.1 Death - Use this code if the father (or male head) has been absent throughout the 6-month period preceding the application and died in that period. Do not use this code if the father left the home within the 6-month period preceding the application and stopped or reduced his contributions toward the support of the family at that time, death following somewhat later. Code 9.1 should be used for such cases.

Code 18.2 Illness, injury, or other impairment - Use this code if support from the father or other male head of the family living outside the home was lost or reduced because of his illness, injury or other impairment.

Code 18.3 Lay-off, discharge or other change in employment status - Use this code if support from the father or other male head of the family, living outside the home was lost or reduced because he was laid-off, discharged, or suffered some other change in his employment status.

Code 18.4 Incarcerated (prison, road camp, etc.) - Use this code if the father or other male head of the family outside the home stopped or reduced contributions when he was imprisoned in a penitentiary, jail, or road camp, etc.

Code 18.5 Deported or excluded from the United States - Use this code if contributions from the father, or other male head of the family, were stopped or reduced because he was deported or excluded from the United States.

Code 18.6 Resources not reduced, but support stopped or reduced - Use this code if, without himself suffering any loss or reduction in resources, the father or male head of the family, living outside the home, reduces or withholds support previously given.

Code 18.9 Other reason support from father, or male head of family, stopped or reduced (specify) - Use this code if support from the father or other male head of the family outside the home was stopped or reduced for any reason other than those given under codes 18.1 - 18.6. Specify the reason.

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Other person previously giving support (absent from the home at least six months)

Code 19.1 Death of other person - Use this code if contributions from a person outside the home (other than the father or other male head of the family) were discontinued or reduced in consequence of this person's death.

Code 19.2 Illness, injury, or other impairment of other person - Use this code if support from a person living outside the home, other than the father or other male head, who had previously been giving support, was lost or reduced because of his illness, injury or other impairment. It is immaterial whether the disability deprived him of earnings or increased his need for them.

Code 19.3 Lay-off, discharge or other change in employment status of other person - Use this code if support from a person outside the home (other than the father or other male head of the family) was lost or reduced because he was laid off, discharged or had some other change in employment status.

Code 19.4 Other person incarcerated (prison, road camp, etc.) - Use this code if support from the person outside the home, other than the father or male head of the family, was reduced or stopped because the person was imprisoned in a penitentiary, jail or road camp, etc.

Code 19.5 Other person deported or excluded from the U.S. - Use this code if support from the person outside the home, other than the father or male head of the family, was reduced or stopped because the person was deported or excluded from the United States.

Code 19.6 Resources of other person not reduced, but support stopped or reduced - Use this code if a person other than the father or male head of the family, living outside the home, reduces or withdraws the support he had previously given the family, without himself suffering any loss or reduction in resources.

Code 19.9 Other reason support from other person stopped or reduced (specify) - Use this code if support from any person, other than the father or male head of the family, outside the home, was reduced or stopped for any reason other than those given under codes 19.1-19.6. Specify the reason.

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e. Other income lost or reduced

Code 20. Use this code if the family or recipient suffered a loss of or reduction in income from some source other than those specified in items 01 - 19.9. Examples of such income are: (a) OASDI benefits; (b) allowance, pension, or other payment connected with military service; (c) unemployment benefits; and (d) workmen's compensation. Do not include under this code the loss of any income received on the basis of need, such as assistance from a private welfare agency.

f. Resources exhausted or reduced because:

Use one of the codes 21-22 if the savings or other assets of the family have been exhausted in meeting medical care or other costs, or if such use of the assets has reduced them to an amount the family is permitted to hold under the eligibility requirements.

Code 21. Savings or other assets used to meet medical costs - Use this code if in meeting medical care costs the assets have been exhausted or have been reduced to an amount permitted under the eligibility requirements. The term medical care costs is used in the generic sense, i.e., it embraces costs of all items usually considered medical or remedial care, including care in nursing homes.

Code 22. Savings or other assets used to meet non-medical costs - Use this code if in meeting living costs other than for medical care the assets have been exhausted or have been reduced to an amount permitted under the eligibility requirements.

g. Other significant reduction or loss of resources (specify):

Code 29. Use this code if the assets and other resources of the family have been depleted or reduced to an amount permitted under eligibility requirements by circumstances differing from those specified in codes 01-22. Examples of such circumstances might include loss of investments through a business failure, or loss of the home or other buildings by fire. Do not use this code if the asset had produced an income which provided full or partial support; under such circumstances code 20 should be used.

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II. No Significant Reduction in Income or Resourcesh. Change in law or agency policy:

One of the codes 31-33 will be used if the family or recipient became eligible only as a result of a change in law or policy, i.e., they were not eligible before the change but became eligible at the time of the change. Codes 31-33 should not be used if the time lapsing between the change in law or policy and the application for assistance is greater than 6 months.

Code 31. Change related to definition of need - Use this code if a change in law or policy liberalized provisions relating to the determination of needs. Examples of such changes are the addition of items to the standards of need and increasing the amounts for the standards.

Code 32. Change related to consideration of resources - Use this code if a change in law or policy liberalized provisions relating to the consideration of resources. For example, with an increase in the real property that can be held or in the cash reserve permitted, some families would be eligible for assistance who had been ineligible before the change.

Code 33. Other change in law or policy (specify) - Use this code if a change in law or policy, other than those listed under codes 31-32 made the recipient or family eligible for aid. Specify the change.

i. Increase in need (without change in resources):

One of the codes 34-35 will be used if the needs of the recipient or family increased without a corresponding change in income or resources. The increased need may have been for medical care or for any other item included in the standard of needs.

Code 34. Increase in medical need - Use this code if the needs of the family increases as a result of the need for medical care. The term medical care is used in the generic sense, i.e., it embraces all items usually considered medical or remedial care, including care in nursing homes.

Code 35. Increase in non-medical need - Use this code if the needs of the family increased for any item covered by the standard of needs exclusive of medical care. Such an increase might result, for example, from the family's establishing its own home after living with relatives.

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j. Miscellaneous reasons not elsewhere classified

Use one of these codes if there was no significant change in the family's income or resources within the six-month period preceding the application and none of the codes 31-35 is applicable. For example, a person or family may have been needy and eligible over an extended period of time but may have postponed applying by living below the agency's standards, or may have been included in another assistance case which has not been closed.

Code 38. Transferred from another public assistance program (specify) - Use this code only if the person or family received assistance for six months or longer under the program from which it was transferred. If assistance under that program has been received less than six months, one of the codes 01-35, or 49.9, should be used. The program from which the family was transferred may be any type of public aid administered on the basis of need. Identify the program.

Do not use this code in the following types of situations:

1. Transfers from another assistance program as a result of a change in law or policy; under such circumstances one of the codes 31-33 should be used.
2. Loss of (a) OASDI benefits, (b) allowance, pension or other payment connected with military service, (c) unemployment benefits, or (d) workmen's compensation; under such circumstances code 20 should be used.
3. Cases opened when the recipient or family was previously included in another assistance case which has not been closed; under such circumstances code 49.9 should be used.

Code 39. Transferred from a private assistance program - Use this code if the recipient or family was receiving support from an organized private assistance program for at least six months immediately preceding application.

Previously lived below General Home Relief standards

Code 43.1 Ignorant of program - Use this code if the recipient or family was previously in need and eligible for assistance but was unaware that assistance under General Home Relief was available.

Code 43.2 Preferred not to apply - Use this code if the recipient or family was previously in need and eligible for assistance but, from choice, did not apply.

Code 43.9 Other reason for living below General Home Relief standards (specify) - Use this code if the recipient or family was previously in need and eligible for assistance but, for a reason other than those listed under codes 43.1-43.2 did not apply. Specify the reason.

Other miscellaneous reasons

Code 49.1 Met nonfinancial eligibility requirements for the first time - Use this code if a recipient or family was previously in need but could not meet one or more of the nonfinancial eligibility requirements, e.g., residence.

Code 49.9 Other reason (specify) - Use this code if none of the codes 01-49.1 applies, and specify the exact reason.

(W&IC 115, 116)

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S-190 STATISTICAL FORMS

S-190

State of California
Department of Social Welfare

Bureau of Statistical Reports
722 Capitol Avenue, Sacramento

REASONS FOR NEED IN CASES GRANTED AID
Monthly Summary Report

County _____

Report for Month of _____ 19____

Program (Check one): OAS ☐ ANB ☐ ATD ☐

REASON FOR NEED		CASES GRANTED AID		
		Total	OASDI status at time of approval	
Classification	CODE		Total	Not receiving benefits
		(A)		(B)
Total.....				
I. SIGNIFICANT REDUCTION IN INCOME OR RESOURCES				
A. Recipient's earnings lost or reduced because of:				
Recipient's illness, injury, or other impairment.....	01			
Recipient's lay-off, discharge or other change in employment status.....	05			
B. Support from other person living in the home stopped or reduced because of:				
Death of other person.....	11			
Other person left home and stopped or reduced support.....	12			
Illness, injury or other impairment of other person.....	13			
Other person laid off, discharged, or had other change in employment status.....	14			
Other person's resources not reduced, but support reduced or withdrawn.....	15			
Support from other person living in the home lost or reduced for other reason.....	16			
C. Support from person outside the home lost or reduced:	19			
D. Other income of recipient lost or reduced	20			
E. Recipient's assets exhausted or reduced				
To meet medical care costs.....	21			
To meet other costs.....	22			
F. Other significant reduction or loss of resources (specify).....	29			
II. NO SIGNIFICANT REDUCTION IN INCOME OR RESOURCES				
G. Change in law or policy relating to: (use only when instructed by SDSW)				
Determination of need.....	31			
Consideration of resources.....	32			
Other change in law or policy.....	33			

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REASON FOR NEED		CASES GRANTED AID		
		Total	OASDI status at time of approval	
			Not receiving benefits (A)	Receiving benefits (B)
Classification	Code			
H. Increase in recipient's need (without change in resources) for:				
Medical care.....	34			
Non-medical assistance.....	35			
I. Miscellaneous reasons, not elsewhere classified:				
Transferred from General Home Relief.....	36			
Transferred from county hospital or infirmary.....	37			
Transferred from other public assistance program (specify).....	38			
Transferred from private assistance program.....	39			
Previously lived below program standards				
Reached minimum age.....	41			
Acquired minimum residence.....	42			
Acquired citizenship (OAS), Standard for blindness (ANB) or disability (ATD).....	43			
Preferred not to apply.....	44			
Other reason for living below standards (specify).....	45			
Other miscellaneous reasons for need (specify).....	49			

Report prepared by _____ Date _____ 19 _____

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State of California
Department of Social Welfare

Bureau of Statistical Reports
722 Capitol Avenue, Sacramento

REASONS FOR NEED IN CASES GRANTED AID
Monthly Summary Report
(Aid to Needy Children-Family Groups)

County _____
Report for Month of _____ 19 _____

REASON FOR NEED		Cases granted aid		
Classification	Code	Total	OASDI status at time of approval	
			Not receiving benefits (A)	Receiving benefits (B)
Total.				
I. SIGNIFICANT REDUCTION IN INCOME OR RESOURCES				
A. Family's income from earnings lost or reduced because of:				
Illness, injury or other impairment of children's father.	02			
Illness, injury or other impairment of children's mother (Includes cases of pregnant women)	03			
Illness, injury or other impairment of other caretaker of children.	04			
Lay-off, discharge, or other change in employment status of children's father.	06			
Lay-off, discharge, or other change in employment status of children's mother	07			
Lay-off, discharge, or other change in employment status, of other caretaker of children	08			
B. Family's support from caretaker in the home lost or reduced because:				
Children's father died.	09			
Children's father voluntarily left home and stopped or reduced support	10			
Children's father was incarcerated.	11			
Children's father was deported or excluded from the U.S.	12			
Summary of Codes 13.1 - 13.9	13			
Children's father had no loss or reduction in income or resources, but stopped or reduced support	13.1			
Support from children's father lost or reduced for other reasons.	13.9			
Other caretaker of children died.	14			
Summary of Codes 15.1 - 15.9	15			
Other caretaker of children left home voluntarily and stopped or reduced support.	15.1			
Other caretaker of children was incarcerated.	15.2			
Other caretaker of children was deported or excluded from the U.S.	15.3			
Other caretaker of children had no loss or reduction in income or resources, but stopped or reduced support.	15.4			
Other reason for loss of or reduction in support from other caretaker in the home	15.9			

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REASON FOR NEED		Cases granted aid		
		Total	OASDI status at time of approval	
			Not receiving benefits (A)	Receiving benefits (B)
Classification	Code			
C. Family's support from other person living in the home stopped or reduced because of:				
Death of other person.	16			
Illness, injury, or other impairment of other person	17			
Other person laid off, discharged, or had other change in employment status.	18			
Summary of Codes 19.1 - 19.3	19			
Other person left home voluntarily and stopped or reduced support.	19.1			
Other person was incarcerated.	19.2			
Other person was deported or excluded from the U.S.	19.3			
Summary of Codes 20.1 - 20.9	20			
Other person's resources not reduced, but support reduced or withdrawn.	20.1			
Other reason other person in the home stopped or reduced support	20.9			
II. SIGNIFICANT REDUCTION IN INCOME OR RESOURCES (PERSONS OUTSIDE THE HOME)				
D. Family's support from person outside the home stopped or reduced:				
Support from father outside the home (absent from home at least six months preceding application) stopped or reduced - Summary of Codes 21.1 - 21.9	21			
Death of father.	21.1			
Illness, injury, or other impairment of father	21.2			
Lay-off, discharge, or other change in employment status of father.	21.3			
Children's father was incarcerated	21.4			
Children's father was deported or excluded from the U.S.	21.5			
Father's resources not reduced, but support stopped or reduced.	21.6			
Other reason support from father outside the home was stopped or reduced	21.9			

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REASON FOR NEED		Cases granted aid		
Classification	Code	Total	OASDI status at time of approval	
			Not receiving benefits (A)	Receiving benefits (B)
II. D. (Continued)				
Support from other person (not father) outside the home previously giving support, stopped or reduced. - Summary of Codes 22.1 - 22.9	22			
Death of other person.	22.1			
Illness, injury, or other impairment of other person	22.2			
Lay-off, discharge, or other change in employment status of other person	22.3			
Other person was incarcerated	22.4			
Other person was deported or excluded from the U.S.	22.5			
Resources of other person not reduced but support stopped or reduced	22.6			
Other reason support from other person stopped or reduced . . .	22.9			
E. <u>Other income of family lost or reduced.</u>	23			
F. <u>Family's resources exhausted or reduced because:</u>				
Savings or other assets used to meet medical costs.	24			
Savings or other assets used to meet non-medical costs.	25			
G. <u>Other significant reduction or loss of resources.</u>	29			
III. <u>NO SIGNIFICANT REDUCTION IN INCOME OR RESOURCES</u>				
H. <u>Change in state law or policy (use only when instructed by SDSW)</u>				
Change related to definition of need.	31			
Change related to consideration of resources.	32			
Other change in law or policy	33			
I. <u>Increase in family's need (without change in resources)</u>				
Increase in medical need.	34			
Increase in non-medical need.	35			

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REASON FOR NEED		Cases granted aid		
		Total	OASDI status at time of approval	
			Not receiving benefits (A)	Receiving benefits (B)
Classification	Code			
J. Miscellaneous reasons, not elsewhere classified				
Transferred from General Home Relief.	36			
Transferred from another public assistance program (specify). . . .	38			
Transferred from a private assistance program	39			
Previously lived below ANC standards. - Summary of Codes 43.1 - 43.9	43			
Ignorant of program	43.1			
Preferred not to apply.	43.2			
Other reason for living below ANC standards (specify)	43.9			
Other miscellaneous reasons - Summary of Codes 49.1 - 49.9	49			
Met nonfinancial eligibility requirements for first time.	49.1			
Other (specify)	49.9			

DO NOT WRITE IN THIS SPACE

Report prepared by _____ Date _____ 19

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIC
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

State of California
Department of Social Welfare

Bureau of Statistical Reports
722 Capitol Avenue, Sacramento

REASONS FOR NEED IN CASES GRANTED AID
Monthly Summary Report
(General Home Relief)

County _____

Report for Month of _____ 19____

REASON FOR NEED		Cases granted aid		
		Total	OASDI status at time of approval	
			Not receiving benefits (A)	Receiving benefits (B)
Classification	Code			
Total				
I. SIGNIFICANT REDUCTION IN INCOME OR RESOURCES (PERSONS IN THE HOME)				
A. Income from earnings lost or reduced because of:				
Illness, injury or other impairment of recipient (one-person case) . . .	01			
Illness, injury or other impairment of father, or male head of family. .	02			
Illness, injury or other impairment of mother, or female head of family (includes cases of pregnant women)	03			
Illness, injury or other impairment of other breadwinner of family . . .	04			
Lay-off, discharge, or other change in employment status of recipient (one-person case).	05			
Lay-off, discharge, or other change in employment status of father, or male head of family.	06			
Lay-off, discharge, or other change in employment status of mother, or female head of family.	07			
Lay-off, discharge, or other change in employment status of other breadwinner of family	08			
B. Support from breadwinner in home lost or reduced because:				
Breadwinner died -Summary of Codes 09.1 - 09.2	09			
Father, or male head of family, died	09.1			
Other breadwinner of family died	09.2			
Breadwinner left home and stopped or reduced support - Summary of Codes 10.0 - 10.9	10			
Father, or male head of family, voluntarily left home and stopped or reduced support	10.0			
Father, or male head of family, was incarcerated	10.1			
Father, or male head of family, was deported or exoluded from the U.S.	10.2			
Father, or male head of family, had no loss or reduction in resources, but stopped or reduced support	10.3			

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIC
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

REASON FOR NEED		Cases granted aid		
		Total	OASDI status at time of approval	
			Not receiving benefits (A)	Receiving benefits (B)
Classification	Code			
B. (Continued)				
Other reason for loss of or reduction in support from father or male head of family (specify)	10.4			
Other breadwinner of family voluntarily left home and stopped or reduced support.	10.5			
Other breadwinner of family was incarcerated	10.6			
Other breadwinner of family was deported or excluded from the U.S. . .	10.7			
Other breadwinner had no loss or reduction in resources, but stopped or reduced support	10.8			
Other reason for loss of or reduction in support from other breadwinner (specify).	10.9			
C. Support from other person living in the home lost or reduced because of:				
Death of other person.	11			
Illness, injury or other impairment of other person	12			
Other person laid off, discharged, or had other change in employment status	13			
Summary of Codes 14.1 - 14.3	14			
Other person voluntarily left home and stopped or reduced support. . .	14.1			
Other person was incarcerated	14.2			
Other person was deported or excluded from the U. S.	14.3			
Summary of Codes 15.1 - 15.2	15			
Other person's resources not reduced, but support stopped or reduced	15.1			
Other reason support from other person in the home was stopped or reduced.	15.2			
D. Support from person outside the homestopped or reduced:				
Father or other male head of family (absent from home at least 6 months) - Summary of Codes 18.1 - 18.9	18			
Death.	18.1			
Illness, injury, or other impairment	18.2			
Lay-off, discharge or other change in employment status.	18.3			

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIC
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

REASON FOR NEED		Cases granted aid		
		Total	OASDI status at time of approval	
			Not receiving benefits (A)	Receiving benefits (B)
Classification	Code			
D. (Continued)				
Incarcerated (prison, road camp, etc.)	18.4			
Deported or excluded from the United States.	18.5			
Resources not reduced, but support stopped or reduced.	18.6			
Other reason support from father or male head of family stopped or reduced (specify)	18.9			
Other person previously giving support (absent from home at least six months) - Summary of Codes 19.1 - 19.9	19			
Death of other person.	19.1			
Illness, injury or other impairment of other person	19.2			
Lay-off, discharge or other change in employment status of other person	19.3			
Other person incarcerated (prison, road camp, etc.)	19.4			
Other person deported or excluded from the U.S.	19.5			
Resources of other person not reduced, but support stopped or reduced	19.6			
Other reason support from other person stopped or reduced(specify)	19.9			
E. <u>Other income lost or reduced</u>	20			
F. <u>Resources exhausted or reduced because:</u>				
Savings or other assets used to meet medical costs	21			
Savings or other assets used to meet non-medical costs	22			
G. <u>Other significant reduction or loss of resources (specify)</u>	29			
II. <u>NO SIGNIFICANT REDUCTION IN INCOME OR RESOURCES</u>				
H. <u>Change in law or agency policy</u>				
Change related to definition of need	31			
Change related to consideration of resources	32			
Other change in law or policy (specify).	33			

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

REASON FOR NEED		Cases granted aid		
		Total	OASDI status at time of approval	
			Not receiving benefits (A)	Receiving benefits (B)
Classification	Code			
I. Increase in need (without change in resources)				
Increase in medical need	34			
Increase in non-medical need	35			
J. Miscellaneous reasons, not elsewhere classified				
Transferred from another public assistance program (specify)	38			
Transferred from a private assistance program.	39			
Previously lived below General Home Relief standards - Summary of Codes 43.1 - 43.9	43			
Ignorant of program.	43.1			
Preferred not to apply	43.2			
Other reason for living below GHR standards (specify).	43.9			
Other miscellaneous reasons - Summary of Codes 49.1 - 49.9	49			
Met non-financial eligibility requirements for the first time	49.1			
Other reason(specify)	49.9			

DO NOT WRITE IN THIS SPACE

Report prepared by _____ Date _____ 19__

These Regulations are designated to become effective MAR 1 1960

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 115, 116

J. M. WEDEMEYER
Director

EDMUND G. BROWN
Governor

State of California
DEPARTMENT OF SOCIAL WELFARE

722 Capitol Avenue
Sacramento 14

January 26, 1960

DEPARTMENT BULLETIN NO. 584 (STAT)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Subject: Report on Concurrent Receipt
of Public Assistance and Old
Age, Survivors' and Disability
Insurance in February 1960

In order to complete a report required by the FSSA the department needs to secure certain information from counties on OAS, ANB, ATD and ANC-FG cases concurrently receiving OASDI. In addition to meeting the federal report requirement, the data requested will make available for publication information on the incidence of OASDI among public assistance recipients on a county by county basis.

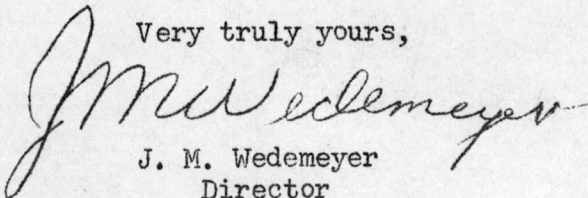
All counties shall prepare and transmit reports in accordance with "Instructions for Completion of Reports on Concurrent Receipt of Public Assistance and OASDI, February 1960."

These reports require data on the total number of OAS, ANB, ATD, and ANC-FG cases receiving both public assistance and OASDI in February 1960, and certain minimum information on samples (approximately one percent for OAS, 20 percent for ANB, 50 percent for ATD, and 10 percent for ANC-FG) of such cases. For ANB and ATD cases, the age of the beneficiary is also required.

Completed schedules and transmittals shall be sent to the Bureau of Statistical Reports, 722 Capitol Avenue, Sacramento 14, to reach this office by April 15, 1960.

This bulletin shall cease to be effective on May 31, 1960.

Very truly yours,


J. M. Wedemeyer
Director

Attachments

These Regulations are designated to become effective MAR 1 '60

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

State of California
Department of Social Welfare

Bureau of Statistical Reports
722 Capitol Avenue, Sacramento

INSTRUCTIONS FOR COMPLETION OF REPORTS
ON CONCURRENT RECEIPT OF PUBLIC ASSISTANCE AND OASDI
FEBRUARY 1960

These reports require data on the total number of OAS, ANB, ATD, and ANC family cases receiving both public assistance and OASDI in February 1960, and certain minimum information on samples (approximately one percent for OAS, 20 percent for ANB, 50 percent for ATD, and 10 percent for ANC-FG) of such cases.

Summary Report (Form Temp 261-2)

The following information for February 1960 shall be reported in a transmittal letter (Form Temp 261-2) accompanying completed Forms Temp 262 ABD and Temp 261 CA:

1. The total number of cases in each program which received both assistance (including "0" grants) and OASDI in February 1960, by actual count (Do not sample).
2. The total number of cases in each program (including "0" grant cases) with state numbers ending in the indicated sample numbers in February 1960, by actual count.
3. The number of cases in each program with state numbers ending in the indicated sample numbers which received both assistance and OASDI in February 1960. These numbers must agree with the total number reported on Form Temp 262 ABD or Form Temp 261 CA.

Reports on Sample Cases

Required information shall be reported on the appropriate forms (Temp 262 ABD or Temp 261 CA) for each case receiving both public assistance (including "0" grants) and OASDI in February 1960 which had a case number ending as follows:

<u>Program</u>	<u>Case No. Endings</u>	<u>Expected Percent</u>
OAS	22	1
ANB	5, 9	20
ATD	1, 3, 5, 7, 9	50
ANC-FG	5	10

Counties with tabulating equipment may use tab machine listings showing the required information instead of Forms Temp 262 ABD and Temp 261 CA. Such listings should include column totals.

Detailed Instructions for Completing Forms Temp 261 CA and 262 ABD

Page Number of Pages: Enter the page number on each copy of Form Temp 262 ABD or Temp 261 CA and the total number of pages of such form(s) being transmitted for each program.

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Program (Form Temp 262 ABD): Check which program is being reported, Do not report on more than one program on one sheet.

Column (1) - State Case Number: Enter the state case numbers of all sample cases receiving both public assistance and OASDI in February 1960. Include cases whose warrants for February were held and cases with "0" grants.

If more than one ANC family budget unit appears under the same case number list each family budget unit as a separate case. Exclude children receiving ANC-BHI.

Column (1A) (ANB and ATD only) - Age: Enter the age of the ANB or ATD recipient reported in Column 1. This item may be omitted for OAS cases.

Column (2) - February Amounts - OASDI Benefit: Enter the amount of the monthly OASDI benefit payment received by each case listed in Column (1). This should be the full monthly OASDI benefit amount paid to recipients in their own names in February*. Consider a family to be in receipt of OASDI if any member of the family budget unit is a beneficiary. Exclude families in which the only benefit is one received for the use of a person not in the family budget unit.

Column (3) - February Amounts - Public Assistance Payment: Enter the amount of the OAS, ANB, ATD, or ANC-FG payment to the recipient or family in February. These should be "net expenditure" amounts**. Exclude payments from the Medical Care Revolving Fund. For "Zero-grant" cases enter "0".

Column (4) (ANC only) - Number of Eligible children for Whom OASDI Paid (if any): Include as children in concurrent receipt of ANC-FG and OASDI only those children eligible for ANC-FG in February 1960 for whom a child's OASDI benefit was specifically designated for the month of February.

Column (5) (ANC only) - Recipients of ANC - Eligible Needy Relative: Enter a check mark for cases in which there is an eligible needy relative.

Column (6) (ANC only) - Recipients of ANC - Children: Enter the total number of children eligible for ANC in each case listed.

Completed schedules and transmittals shall be sent to the Bureau of Statistical Reports, 722 Capitol Avenue, Sacramento 14, to reach this office by April 15, 1960.

* If recipient allocates a portion of his OASDI benefit to a dependent, report the full amount he received, before allocation.

** I.e., the amount paid this month, for current and prior months, minus cancellations and repayments, and incorporating all plus and minus adjustments.

Form Temp 261 CA
Form Temp 262 AG
Form Temp 261-2

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Transmittal Letter for
Forms Temp 261-CA and Temp 262-ABD
February 1960

Date _____
County _____

TO: Bureau of Statistical Reports
State Department of Social Welfare
722 Capitol Avenue
Sacramento 14, California

SUMMARY REPORT ON CONCURRENT RECEIPT OF
PUBLIC ASSISTANCE AND OASDI

DO NOT WRITE IN THIS SPACE

- 1. Total number of cases which received both assistance (include "O" grant cases) and OASDI in February 1960, by actual count (Do not sample).
- 2. Total number of cases (including "O" grant cases) with state numbers ending in the indicated sample numbers by actual count.
- 3. Number of cases with state numbers ending in the indicated sample numbers which received both assistance and OASDI in February 1960. (Number must agree with total reported on attached Form Temp 262-ABD or Form Temp 261-CA)

OAS	ANB	ATD	ANC-FG
"22"	"5", "9"	"1", "3", "5" "7", "9"	"5"
"22"	"5", "9"	"1", "3", "5" "7", "9"	"5"

Report prepared by _____
Attachments

Form Temp 261-2, January 1960

These Regulations are designated to become effective MAR 1 1960

Bureau of Statistical Reports
722 Capitol Avenue, Sacramento

County _____

Page _____ of _____ Pages

State Case Number (1)	February Amounts		Number of Eligible Children For Whom OASDI Paid (if any) (4)	Recipients of ANC	
	OASDI Benefit (2)	ANC-FG Payment (3)		Eligible Needy Relative (5)	Number of Childrer (6)

These Regulations are designated to become effective.....MAR 1 '60

MAR 1 '60

Bureau of Statistical Reports
722 Capitol Avenue, Sacramento

County _____

Page of Pages

Program:

(Check One) OAS ☐ ANB ☐ ATD ☐

State Case Number (1)	Age (Omit for OAS) (1a)	February Amounts	
		OASDI Benefit (2)	Public Assistance Payment (3)

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective.....MAR 1 '60

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 115, 116

J. M. WEDEMEYER
Director

EDMUND G. BROWN
Governor

State of California
DEPARTMENT OF SOCIAL WELFARE

722 Capitol Avenue
Sacramento 14

January 27, 1960

DEPARTMENT BULLETIN NO. 585 (STAT)

TO: COUNTY WELFARE DEPARTMENTS

Subject: Transfer Rate Sample Study
County Medical Care Revolving
Funds

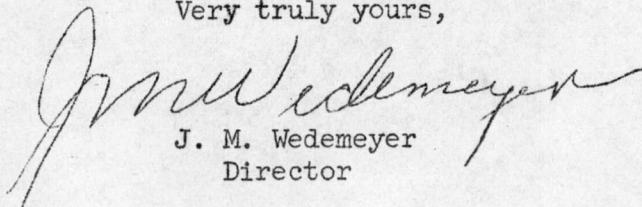
As required by W&IC Sections 2020.003 and 3084.05 the department must periodically determine the rates of payment to County Medical Care Revolving Funds on the basis of caseload samples. The samples are to "reflect accurately the amount of grant which would have been paid to recipients for medical care if such care had been financed by payments to recipients. ..."

In accordance with this requirement, grant data and amount of fund-covered medical care shall be reported on sample cases with state number endings 22 and 88 for OAS, and 1 and 9 for ANB on Form Temp 402 for the month of January 1960. Five months following the month of service are allowed to insure complete reporting.

Schedules shall be transmitted to reach the SDSW, 722 Capitol Avenue, between July 1 and July 15, 1960.

A supply of schedules and instructions will be forwarded to each county.

Very truly yours,



J. M. Wedemeyer
Director

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

INSTRUCTIONS FOR COMPLETION OF TRANSFER RATE
SAMPLE STUDY COUNTY MEDICAL CARE REVOLVING FUND
FORM TEMP 402

Purpose of Report

To comply with the requirements of W&IC Sections 2020.003 and 3084.05 to sample the caseload to reflect the amount of grant which would have been paid to recipients of the OAS and ANB programs for medical care if such care had been financed by payments to recipients. The data will be used to determine the rate of payment to County Medical Care Revolving Funds.

General Instructions for Completion of Form Temp

Form Temp 402 shall be completed on OAS and ANB cases receiving aid and on "zero grant" cases in January 1960 with state case number endings 22 and 88 in OAS and state case number endings 1 and 9 in ANB. These are Medical Care Permanent Sample cases (Dept. Bull. #576).

The forms shall be sent to Research and Statistics, State Department of Social Welfare, 722 Capitol Avenue, Sacramento 14, to arrive between July 1 and July 10, 1960. It is necessary to allow approximately five months to elapse between the month of service and the date the schedules are due so that all bills for medical care given in January 1960 will have been received.

Form Temp 402 is a line schedule on which room is provided to enter data for 18 recipients. For each sheet used, complete the identifying information requested in the upper right hand corner of the form. At the bottom of each sheet, on the "Total" line, enter the sum of each column. Use separate sheets for each type of aid; i.e., do not report OAS and ANB recipients on the same sheet.

Specific Instructions for Completion of Form Temp 402

Column 1. State Case Number: Enter the state case number.

Column 2. Medical Care Received in January 1960 from Medical Care Funds: Enter the total amount of medical care received in January 1960 which has been paid or authorized to be paid from Medical Care Funds. (These will be services received in January 1960 regardless of when the bills were paid.) If the recipient did not receive such medical care in January, enter "0" and do not complete the balance of the items. If the recipient did receive such medical care, complete all items.

Column 3. Total Grant Paid for January 1960 Including All Supplemental Payments: Enter the total amount of assistance paid from OAS or ANB funds for January 1960. Include all supplemental authorizations for January but exclude supplemental aid from county funds.

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Column 4. Maximum Grant Payable to Recipients:

Old Age Security Recipients:

Enter the maximum amount of grant which could be paid to the recipient based upon his income. For example, for a recipient with no income the maximum possible grant payment is \$115; for a recipient with \$10 income the maximum grant payment is \$105.

Aid to Needy Blind Recipients:

For recipients with no income or nonexempt income of \$11 or less enter the grant paid the recipient for January; i.e., the amount entered in Column 3. For recipients with nonexempt income in excess of \$11 enter \$104.

Column 5. Amount Still Available from Grant for January 1960:

Enter the amount still available for payment from the grant for the month of January 1960; i.e., the difference between the total amount already paid for January and the maximum which could be paid based upon the recipient's income. (Subtract the entry in Column 3 from the entry in Column 4 and enter the result in Column 5.)

Column 6. Basis for Transfer: Enter in Column 6 the lesser of the two amounts shown in columns two and five.

On a statewide basis the sum of these amounts, divided by the total cases in the sample, will represent the rate of transfer to the county Medical Care Revolving Funds.

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Page _____ of _____ Pages

County _____

Transfer Rate Sample Study
County Medical Care Revolving Funds
January 1960
OAS and ANB

Check Type of Aid:
☐ or ☐
OAS ANB

State Case Number (1)	Medical Care Received in Jan. 1960 from Medical Care Funds (2)	Total Grant Paid for January 1960 (3)	Maximum Grant Payable to Recipient (4)	Amount Still Available from Grant for January 1960 (5)	Basis for Transfer (6)
	(If no such medical care received, enter "0" and do not com- plete the remaining items.)	(Include all supplemental payments)	(Depends on income received- see instructions)	(4) minus (3)	(Enter (2) or (5), which- ever is smaller)
1.	\$	\$	\$	\$	\$
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
Total	\$	\$	\$	\$	\$

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Signature _____

Form Temp 402 January 1960

Date _____

RECEIVED FOR FILING MAR 31 1960 Division of Administrative Procedure ENDORSED APPROVED FOR FILING (GOV. CODE 11380.2) MAR 31 1960 Division of Administrative Procedure DO NOT WRITE IN THIS SPACE	Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by: State Department of Social Welfare (Agency) Dated: March 29, 1960 By: J. M. Redenberger Director (Title)	FILED In the office of the Secretary of State of the State of California MAR 31 1960 At 3:05 o'clock P. M. FRANK M. JORDAN, Secretary of State By: [Signature] Assistant Secretary of State DO NOT WRITE IN THIS SPACE
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DO NOT WRITE IN THIS SPACE

MC-031.1 SERVICES AVAILABLE TO ALL RECIPIENTS WITHOUT PRIOR AUTHORIZATION MC-031.1

A. Home and/or office visits from or to practitioners (other than dentists or chiropodists) to a limit of three such visits for any one illness, or within 90 days from the first visit, which ever is less.

B. Dental services, including extractions, required for the relief of pain, or the elimination of acute infection.

C. Drugs and Medical Supplies:

1. For Aid to Needy Children recipients, drugs as prescribed by Doctors of Medicine, Osteopathy, Dentistry and Chiropody except alcoholic beverages, food supplements and nutritional and vitamin items. Medical supplies if prescribed by a practitioner, and listed in the schedules of maximum allowances.

2. For Old Age Security and Aid to the Blind recipients any drug or injection administered or prescribed by Doctors of Medicine, Osteopathy, Dentistry or Chiropody and contained in Manual Secs. MC-031.2 and MC-031.3. Cast materials, dressings and retention catheters when provided by a physician or emergency facility.

Prescriptions should be confined to quantities necessary for the estimated duration of the illness. Where medication is constantly prescribed for the chronically ill, the quantity prescribed should be the most economical amount from the point of view of cost. Expensive proprietary items should not be prescribed when significantly less expensive items would be equally effective.

Prescriptions shall be written on forms prescribed by the SDSW and shall be filled within seven days from the date of issue. No prescription shall be refillable.

Practitioners who do not comply with the rules and procedures contained in this manual shall not use prescription blanks furnished by the SDSW.

(Continued)

These Regulations are designated to become effective February 1, 1960

88449 11-53 5M SPO

CONTINUATION SHEET
**R FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE**
(Pursuant to Government Code Section 11380.1)

MC-031.1 (Continued)

MC-031.1

- D. Laboratory services for urinalysis and blood counts.
- E. Laboratory and X-ray services as prescribed by the practitioner in an emergency.
- F. Emergency surgery not requiring hospitalization under accepted medical standards.
- G. Services of visiting nurse associations to a maximum of five visits for any one illness.
- H. Chiropody services of an emergency nature for relief of pain or elimination of acute infection. Such emergency care to be justified by written report from the treating chiropodist.
- I. Physical examinations of children receiving Aid to Needy Children who are being placed away from their own parents in foster homes or institutions.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective February 1, 1960.

CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

071-05 SALARY SCHEDULES

WELFARE PERSONNEL STANDARDS

Organization and Administration

071-05 SALARY SCHEDULES

071-05

CLASSIFICATION	SCHEDULE OF STEPS													
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
GROUP A														
County Welfare Director V	---	---	686	725	766	810	856	905	957	1012	1070	1132	1197	1266
County Welfare Director IV	---	---	581	614	649	686	725	766	810	856	905	957	1012	1070
County Welfare Director III	---	---	491	519	549	581	614	649	686	725	766	810	856	905
County Welfare Director II	---	---	415	439	464	491	519	549	581	614	649	686	725	766
County Welfare Director I	---	---	332	351	371	392	415	439	464	491	519	549	581	614
Asst. County Welfare Director	---	---	519	549	581	614	649	686	725	766	810	856	905	957
GROUP B														
Social Work Supervisor III	---	---	---	491	519	549	581	614	649	686	725	766	810	856
Social Work Supervisor II	---	---	---	439	464	491	519	549	581	614	649	686	725	766
Social Work Supervisor I	---	---	---	392	415	439	464	491	519	549	581	614	649	686
Social Worker III	---	---	---	351	371	392	415	439	464	491	519	549	581	614
Social Worker II	---	---	---	314	332	351	371	392	415	439	464	491	519	549
Social Worker I	---	---	---	297	314	332	351	371	392	415	439	464	491	519
GROUP C														
Child Welfare Supervisor II	---	---	---	491	519	549	581	614	649	686	725	766	810	856
Child Welfare Supervisor I	---	---	---	439	464	491	519	549	581	614	649	686	725	766
Ch. Wel. Services Worker II	---	---	---	392	415	439	464	491	519	549	581	614	649	686
Ch. Wel. Services Worker I	---	---	---	351	371	392	415	439	464	491	519	549	581	614
Medical Social Work Supervisor	---	---	---	439	464	491	519	549	581	614	649	686	725	766
Medical Social Worker	---	---	---	392	415	439	464	491	519	549	581	614	649	686
GROUP D														
Admin. Service Officer II	---	---	---	491	519	549	581	614	649	686	725	766	810	856
Admin. Service Officer I	---	---	---	415	439	464	491	519	549	581	614	649	686	725
Employment Officer	---	---	---	351	371	392	415	439	464	491	519	549	581	614
Financial Resources Supervisor	---	351	371	392	415	439	464	491	519	549	581	614	649	686
Investigator	---	314	332	351	371	392	415	439	464	491	519	549	581	614
Medical Care Assistant	---	---	314	332	351	371	392	415	439	464	491	519	549	581
Systems & Procedures Analyst	---	---	439	464	491	519	549	581	614	649	686	725	766	810
GROUP E														
Chief Fiscal Supervisor	371	392	415	439	464	491	519	549	581	614	649	686	---	---
Chief Account Clerk	314	332	351	371	392	415	439	464	491	519	549	581	---	---
Senior Account Clerk	252	266	281	297	314	332	351	371	392	415	439	464	---	---
Account Clerk	213	225	238	252	266	281	297	314	332	351	371	392	---	---
Senior Steno. Clerk	252	266	281	297	314	332	351	371	392	415	439	464	---	---
Intermediate Steno. Clerk	213	225	238	252	266	281	297	314	332	351	371	392	---	---
Junior Steno. Clerk	190	201	213	225	238	252	266	281	297	314	332	351	---	---
Senior Typist Clerk	238	252	266	281	297	314	332	351	371	392	415	439	---	---
Intermediate Typist Clerk	213	225	238	252	266	281	297	314	332	351	371	392	---	---
Junior Typist Clerk	190	201	213	225	238	252	266	281	297	314	332	351	---	---
Chief Clerk	297	314	332	351	371	392	415	439	464	491	519	549	---	---
Senior Clerk	238	252	266	281	297	314	332	351	371	392	415	439	---	---
Intermediate Clerk	213	225	238	252	266	281	297	314	332	351	371	392	---	---
Junior Clerk	190	201	213	225	238	252	266	281	297	314	332	351	---	---
Receptionist	213	225	238	252	266	281	297	314	332	351	371	392	---	---
Telephone Operator	201	213	225	238	252	266	281	297	314	332	351	371	---	---
Key Punch Operator	213	225	238	252	266	281	297	314	332	351	371	392	---	---
GROUP F														
Medical Consultant	766	810	856	905	957	1012	1070	1132	1197	1266	1339	1416	---	---
Homemaker	225	238	252	266	281	297	314	332	351	371	392	---	---	---
Student Social Worker Trainee (See Sec. 071-06 for determination of pay rates.)														

For changes in pay ranges, see modification procedure specified in Sec. 071-10, Adoption of Compensation Plan, and Sec. 071-11, Adoption of Deviating Pay Schedules.
(WAG 119.5, 119.6)

CALIFORNIA-SDSW-MANUAL

Rev.

replaces Rev. 140

Effective 4/1/60

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

5

FINDING OF EMERGENCY

Revision of regulations relating to salaries for merit system counties Manual Section WPS 071-05 is an urgency measure necessary for the immediate preservation of the public health, safety and general welfare within the meaning of provisions of Section 11421(b) of the Government Code.

The following facts constitute the emergency:

1. Section WPS 071-05 establishes the salary structure for all employees employed in the administration of public welfare in the State of California except those employees employed under a county civil service system.
2. A new class of Financial Resources Supervisor is established to permit employment of administrative personnel to direct and coordinate special investigative procedures in the in the areas of property search, collection of overpayment and determination of liability of relatives to contribute to the support of public assistance recipients.
3. The establishment of this new classification and fixing the salary thereof are directed to the improvement of the efficiency of administration and improvement in the quality of service provided the public.
4. It is necessary that these changes be made effective April 1, 1960, to coincide with organizational changes being made on that date of which this new classification is a part.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

J. M. WEDEMEYER
Director

EDMUND G. BROWN
Governor

State of California
DEPARTMENT OF SOCIAL WELFARE

722 Capitol Avenue
Sacramento 14

March 29, 1960

DEPARTMENT BULLETIN NO. 586 (GEN)

To: County Welfare Departments
Los Angeles Public Welfare
Commission
Los Angeles Juvenile Court
San Francisco Juvenile Court

Subject: Survey of Salaries and
Working Conditions of
Social Welfare Manpower

The Federal Department of Health, Education, and Welfare is conducting a nationwide survey of salaries and working conditions of social welfare manpower. The survey is comparable to the one conducted in 1950. The State Department of Social Welfare is acting as the coordinator for the State of California.

Each employee in a social work position is to fill out a questionnaire. A supply of questionnaires and instructions will be provided each county welfare agency by April 1, 1960.

Completed questionnaires are to be collected by the county welfare departments and returned to the State Department of Social Welfare by May 6, 1960.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

FINDING OF EMERGENCY

The report required by Department Bulletin requiring the completion of a schedule by each social worker employed in public welfare in California is an emergency measure necessary for the immediate preservation of the public health, safety and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code.

The following facts constitute the emergency with respect to this bulletin:

1. The report is required by the Federal Department of Health, Education and Welfare and concerns a nationwide survey of social work manpower and working conditions of the social welfare field.
2. It is essential that the schedules required by this bulletin be placed in the hands of county welfare departments immediately to permit careful planning so as to avoid any adverse effect of orderly processing of applications for aid and work relating thereto and thereby endanger the rights and welfare of needy persons as well as the exercise of due diligence with respect to the expenditure of public funds.

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CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

CERTIFICATE OF COMPLIANCE
Under Sec. 11422.1 Government Code

I hereby certify that prior to the adoption of the emergency regulations set forth below Sections 11423, 11424 and 11425 of the Government Code were complied with:

MC-040.2 filed with Secretary of State January 28, 1960

DO NOT WRITE IN THIS SPACE

FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

MAY 9 - 1960

Division of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(Gov. Code 11380.2)

MAY 9 - 1960

Division of Administrative Procedure

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

Dated: May 6, 1960
(Agency)By: *[Signature]*
Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

MAY 9 1960

At 12:20 o'clock P.M.
FRANK M. JORDAN, Secretary of StateBy: *[Signature]*
Assistant Secretary of State

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

A-141.10 DEFINITIONS

A-141.10

A public institution is a facility which affords shelter or care, or in which treatment is given for any physical or mental illness, and which is managed in whole or in part by a public instrumentality or is maintained from public funds.

A public medical institution is a) any county, city or district hospital, or unit thereof, which is licensed under H&SC 1422 and designated by the California Department of Public Health for the exclusive care of medical and chronic patients, i.e., no tuberculous patients; b) a medical unit of the Veteran's Home of California; c) a medical unit of a federal institution; or d) University of California Hospitals.

A patient is one who is receiving planned, continuing medical treatment, including physician services and nursing care, directed toward improvement in health; or is receiving medical treatment for an illness for which medical measures are required though improvement in health or recovery cannot be expected.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective June 6, 1960.

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

RECORDS, FORMS AND CONTROLS

A-024

A-024

REQUIRED FORMS

A-024

The following forms, completed in accord with instructions for their use, are required when the circumstances to which they relate exist:

- Ag 200 Application for Old Age Security (See Sec. A-011.11)
- Ag 200-B Application by Authorized Representative of Applicant
(See Sec. A-011.11)
- Ag 200-c Application for Old Age Security - Supplement for Noncitizens
(See Sec. A-122)
- Ag 225 Statement of Responsible Relative Under Old Age Security Law
(See Sec. A-153.3)
- Ag 280 Identification Card (See Sec. A-014.80)
- ABD 235 Certification of State Department of Mental Hygiene of
Applicant's Release from State Hospital (See Sec. A-013)
- ABCD 215 Notification of Transfer (See Sec. A-114)
- DPA 1 Request for Federal OASI and Nonmedical Disability Information
(See Sec. A-213)
- DPA 6 State Department of Social Welfare Appeal as to Responsibility
for Support (See Sec. A-117.7)
- 10-611 Application for Search of Census Records
(See Handbook Sec. A-102,T)

DO NOT WRITE IN THIS SPACE

CALIFORNIA-SDSW-MANUAL-OAS

Rev. 871 replaces Rev. 818

Effective 6/6/60

CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

A-025

RECORDS, FORMS AND CONTROLS

Regulations

A-025

REQUIRED FORMS FOR WHICH SUBSTITUTE MAY BE USED

A-025

The following forms are required to be completed for the purposes indicated in the instructions for their use, except that the county may use a substitute form which provides substantially the same information.

Ag 158	Budget Worksheet - OAS (See Secs. A-201 and A-025.06)
Ag 158 PMI	OAS Budget Worksheet - PMI (See Sec. A-225)
Ag 206	Recipient's Affirmation of Eligibility for Old Age Security (See Secs. A-015.20 and A-015.30)
Ag 239	Notice of Action - Old Age Security (See Sec. A-014.70)
ABCD 239	Notice of Action - (See Sec. A-014.70)
Ag 239C	Important Notice to All OAS Recipients (See Sec. A-014.70)
Ag 246 and Ag 246A	Notification of County Finding of Liability of Responsible Relative (See Sec. A-153.3)
ABD 228	Authorization for Financial Investigation (See Sec. A-012.40)
ABD 231	Certificate of Delivery of Payment of Aid (See Sec. A-141.50)
ABD 236A	Certification of Patient Status in a Public Medical Institution (See Sec. A-141.40)
	and/or
ABD 236B	Certification of Patient Status in a Public Medical Institution (See Sec. A-141.40)
ABD 278L*	List of Authorizations to Start, Change, Stop or Deny Aid Payments (See Sec. A-221)
ABD 278M*	Authorization to Start, Change or Stop Aid Payments (Action Card)
DPA 5	Summary of Letters of Guardianship or Conservatorship (See Sections A-011.12 and A-011.13)
DPA 8	Notice to Applicant Who Withdraws Application (See Sec. A-014.70)

* Use of substitute Forms ABD 278L and/or ABD 278M requires prior SDSW approval.

CALIFORNIA-SDSW-MANUAL-OAS

Rev. 872 replaces Rev. 596

Effective 6/6/60

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CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

RECORDS, FORMS AND CONTROLS

B-024

B-024

REQUIRED FORMS - ANB-APSB

B-024

The following forms, completed in accord with instructions for their use are required when the circumstances to which they relate exist:

BL 200	Application for Aid to the Blind (see Sec. B-011.11)
BL 225	Statement of Responsible Relative Under Aid to the Blind Laws (see Sec. B-153.3)
BL 227	Physician's Report of Eye Examination (see Sec. B-192.01)
BL 227A	Optometrist's Report of Eye Examination (see Sec. B-192.01)
BL 280	Identification Card (see Sec. B-014.80)
ABCD 215	Notification of Transfer (see Handbook Sec. B-024.56)
ABD 235	Certification from State Department of Mental Hygiene of Applicant's Release from State Hospital (see Sec. B-013)
DPA 1	Request for Federal OASI and Nonmedical Disability Information (see Sec. B-213)
DPA 6	State Department of Social Welfare Appeal as to Responsibility for Support (see Sec. B-017)

DO NOT WRITE IN THIS SPACE

CALIFORNIA-SDSW-MANUAL- AB

Rev. 1030 replaces Rev. 873

Effective 6/6/60

CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

B-025

RECORDS, FORMS AND CONTROLS

Regulations

B-025

REQUIRED FORMS FOR WHICH SUBSTITUTE MAY BE USED - ANB-APSB

B-025

The following forms are required to be completed for the purposes indicated in the instructions for their use, except that the county may use a substitute form which provides substantially the same information.

Bl 158	Budget Work Sheet - Aid to the Blind (see Secs. B-201 and Handbook B-025.06)
Bl 158 PMI	Budget Work Sheet - Aid to Needy Blind - Public Medical Institution (See Sec. B-225)
Bl 206	Recipient's Affirmation of Eligibility for Aid to the Blind (see Secs. B-015.20 and B-015.30)
ABD 221	Affidavit regarding Residence of Applicant (See Sec. B-113.5)
ABD 228	Authorization for Financial Investigation (See Sec. B-012.40)
ABD 231	Certificate of Delivery of Payment of Aid (See Sec. B-141.50)
ABD 236A	Certification of Patient Status in a Public Medical Institution (See Sec. B-141.40)
	and/or
ABD 236B	Certification of Patient Status in a Public Medical Institution (See Sec. B-141.40)
Bl 239	Notice of Action - Aid to the Blind (See Sec. B-014.70)
ABCD 239	Notice of Action (see Sec. B-014.70)
Bl 239C	Important Notice to All Recipients of Aid to the Blind (See Sec. B-014.70)
Bl 246 and Bl 246A	Notification of County Finding of Liability of Responsible Relative (See Sec. B-153.3)
ABD 278L*	List of Authorizations to Start, Change, Stop, or Deny Aid Payments (see Sec. B-221)
ABD 278M*	Authorization to Start, Change or Stop Aid Payments (Action Card)
Bl 281	Work Capacity and Employment Opportunities (See Sec. B-313)
DPA 5	Summary of Letters of Guardianship or Conservatorship (See Secs. B-011.12, B-011.13, and B-011.14)
DPA 8	Notice to Applicant Who Withdraws Application (See Sec. B-014.70)

*Use of substitute Forms ABD 278L and/or ABD 278M requires prior SDSW approval.

CALIFORNIA-SDSW-MANUAL-AB

Rev. 1031 replaces Rev. 990

Effective 6/6/60

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

B-141.10 DEFINITIONS - ANB-APSB

B-141.10

A public institution is a facility which affords shelter or care, or in which treatment is given for any physical or mental illness, and which is managed in whole or in part by a public instrumentality or is maintained from public funds.

A public medical institution is a) any county, city or district hospital, or unit thereof, which is licensed under H&SC 1422 and designated by the California Department of Public Health for the exclusive care of medical and chronic patients, i.e., no tuberculous patients; or b) a medical unit of the Veteran's Home of California; c) a medical unit of a Federal institution; or d) University of California Hospitals.

A patient is one who is receiving planned continuing medical treatment, including physician services and nursing care, directed toward improvement in health; or is receiving medical treatment for an illness for which medical measures are required although improvement in health or recovery cannot be expected.

B-141.40 EVIDENCE OF ELIGIBILITY IN A PUBLIC MEDICAL INSTITUTION - ANB B-141.40

A monthly certification by a responsible official of the public medical institution is required as evidence that the recipient of ANB was an eligible patient in a medical ward or unit of the institution and of the monthly charge for care in the institution. (See Sec. B-025.22, Forms ABD 236A and 236B) Immediate notification to the county welfare department is required if the patient dies or leaves the medical ward or unit.

DO NOT WRITE IN THIS SPACE

These Regulations are designated to become effective June 6, 1960.

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations RECORDS, FORMS AND CONTROLS D-024

D-024 REQUIRED FORMS D-024

The following forms, completed in accord with instructions for their use, are required when the circumstances to which they relate exist:

- DA 1 Medical Report
- DA 2 Social Information Report
- DA 3 Certificate of Disability
- DA 200 Application for Aid to the Needy Disabled (See Sec. D-011.11)
- DA 200-c Application for Aid to the Needy Disabled - Supplement for Noncitizens (See Sec. D-122)
- D 280 Identification Card (See Sec. D-014.80)
- ABD 235 Certification of State Department of Mental Hygiene of Applicant's Release from State Hospital (See Sec. D-013)
- ABCD 215 Notification of Transfer (See Sec. D-016.30)
- DPA 1 Request for Federal OASI and Nonmedical Disability Information (See Sec. D-213)
- 10-611 Application for Search of Federal Census Records (See Handbook Sec. D-102,K)

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CONTINUATION SHEET
2 FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

D-025

RECORDS, FORMS AND CONTROLS

Regulations

D-025

REQUIRED FORMS FOR WHICH SUBSTITUTE MAY BE USED

D-025

The following forms are required to be completed for the purposes indicated in the instructions for their use, except that the county may use a substitute form which provides substantially the same information.

DA 4	Transmittal of ATD Reports
DA 158	Aid to the Needy Disabled - Budget Work Sheet (See Sec. D-201)
	If a substitute is used by the county for the DA 158, the county is required to submit to SDSW one copy of SDSW Form DA 158 on all approved ATD applications.
DA 158 PMI	Budget Work Sheet - ATD - Public Medical Institution
DA 206	Recipient's Affirmation of Eligibility for Aid to the Needy Disabled (See Secs. D-015.20 and D-015.30)
DA 239	Notice of Action - Aid to the Needy Disabled (See Sec. D-014.70)
DA 239 C	Important Notice to all Recipients of Aid to the Needy Disabled
ABCD 239	Notice of Action
ABD 228	Authorization for Financial Investigation (See Sec. D-012.40)
ABD 231	Certificate of Delivery of Payment of Aid (See Sec. D-141.50)
ABD 236A	Certification of Patient Status in a Public Medical Institution (See Sec. D-141.40)
	and/or
ABD 236B	Certification of Patient status in a Public Medical Institution (See Sec. D-141.40)
ABD 278L*	List of Authorizations to Start, Change, Stop or Deny Aid Payments. (See Sec. D-221)
ABD 278M*	Authorization to Start, Change or Stop Aid Payments (Action Card)
	*Use of substitute Forms ABD 278L and/or ABD 278M require prior SDSW approval.
DPA 5	Summary Letters of Guardianship or Conservatorship (See Sec. D-011.12, etc.)
DPA 8	Notice to Applicant who Withdraws Application (See Sec. D-014.70)

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CALIFORNIA-SDSW-MANUAL- ATD

Rev. 377 replaces Rev. 229

Effective 6/6/60

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

D-140.10 DEFINITIONS

D-140.10

An Institution is a public or private facility which provides shelter and care, treatment of physical or mental illness, custody (nonmedical) or restraint (penal or correctional). They may be hospitals, nursing homes, board and care homes, prisons or other correctional facilities.

A Public Institution is one which is managed wholly or partially by a unit of federal, state or local government or is maintained from public funds.

A Public Medical Institution is a) any county, city or district hospital, or unit thereof, which is licensed under H&SC 1422 and designated by the California Department of Public Health for the exclusive care of medical and chronic patients; i.e., no tuberculous patients; b) a medical unit of the Veteran's Home of California; c) a medical unit of a federal institution; or d) University of California Hospitals.

A Private Institution is a commercial, nonprofit, fraternal or benevolent facility managed and controlled by an individual, association or corporation.

D-172.40 REVIEW AND ACTION ON MEDICAL AND SOCIAL INFORMATION REPORTS
BY THE SDSW

D-172.40

Medical and social information reports on each applicant shall be forwarded to the SDSW for a determination of eligibility with respect to the disability factor. Originals of the Medical Report, Form DA 1, and the Social Information Report, Form DA 2, shall be submitted whenever it is necessary to determine initial or continuing eligibility unless otherwise specified by SDSW, and shall include the county's recommendation as to the individual's eligibility with respect to the disability factor.

The State Medical Review Team will review the medical and social information reports in each case and will classify the case as approved, or disapproved. Approved cases will be further classified as group 1 (no further disability evaluation required) or group 2 (disability reevaluation required). Where reports are inadequate or the information is insufficient, decisions will be deferred until sufficient information is obtained.

The Medical and Social Information Reports, DA 1 and 2, will be retained by the SDSW. Two copies of the Certificate of Disability, DA 3, will be forwarded to the county.

When an individual reapplies for aid after a prior denial or discontinuance for any cause, disability shall be redetermined regardless of any prior Form DA 3, Certificate of Disability, on file.

These Regulations are designated to become effective June 6, 1960.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

D-177

DETERMINATION OF DISABILITY

Regulations

D-177

REDETERMINATION OF PERMANENT AND TOTAL DISABILITY

D-177

A periodic medical reexamination and social information study of a recipient is required for group 2, approved cases. The requirement is not applicable to group 1 cases.

When there are facts to indicate that a recipient's physical or mental condition has improved so that he may no longer be eligible, or that he is malingering, or where aid has been discontinued for one year or more (unless otherwise specified by SDSW), the individual shall be reexamined and the necessary reports submitted to the state for reevaluation.

D-178

EXPENSES IN CONNECTION WITH MEDICAL, PSYCHIATRIC OR PSYCHOLOGICAL EXAMINATIONS

D-178

There is no expense to the applicant, recipient or appellant for any medical, psychiatric or psychological examination required by the SDSW.

A reasonable fee for such examinations is considered an allowable county administrative expense. Maximum fees allowable for medical examinations including psychiatric examinations, shall be the fees established for the Medical Care program. Fees for psychological examinations shall be in accordance with the prevailing rate in the community.

Necessary transportation expense to secure required physical and/or psychiatric or psychological examinations is allowable administrative expense.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

S-300 SUBMISSION OF MONTHLY STATISTICAL REPORTS ON BOARDING HOMES

S-300

Accredited licensing agencies shall submit monthly statistical reports to the SDSW on boarding home licensing activities. Form BHA 41, Monthly Statistical Report on Licensing of Boarding Homes for Aged, and Form BHC 41, Monthly Statistical Report on Licensing of Boarding Homes for Children, shall be submitted in duplicate. Reports are due not later than the 12th day of the month following the month covered by the reports.

These reports are not to be submitted by accredited inspection agencies, since the monthly statistical reports for these agencies are compiled by the SDSW.

(W&IC 115, 116)

S-310 PART A - NEW APPLICATIONS, FORMS BHA 41 and BHC 41

S-310

Report in Part A the opening inventory, receipt, disposition, and closing inventory of all new applications for licenses active during the month. A closed case which again becomes active is counted under this section.

- Item 1. Pending First of Month. Enter the number of new applications which were pending at the end of last month. If Item 5 of last month's report was in error, the correct figure shall be shown in Item 1 and an explanation of the correction shall be made in a footnote.
- Item 2. Received During Month. Enter the number of new applications for licenses received during the month. Include all applications received, even though some are subsequently withdrawn or not granted. Include new applications required because of a change of address, a change of operator, or a change in type of care. Exclude licenses amended during the month if no new application was required; report in Item 19a.
- Item 3. Total New Applications. Enter the sum of Items 1 and 2.
- Item 4. Disposed of During Month. Enter the total number of new applications granted, denied, or withdrawn. This entry must equal Item 17 and the sum of Items 17a, 17b, and 17c.
- Item 5. Pending End of Month. Enter the number of new applications which remained open for consideration at the end of the month. This is obtained by subtracting Item 4 from Item 3.

(W&IC 115, 116)

These Regulations are designated to become effective June 6, 1960.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULATI
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

S-320

BOARDING HOME LICENSING - CHILD PLACING

Statistical

S-320 PART C - TOTAL CASELOAD, FORMS BHA 41 AND BHC 41

S-320

- Item 11. Homes Brought Forward from Last Month. Enter the number of homes that were holding licenses at the end of last month. Include homes whose license expired on the last day of the preceding month even though a renewal license was not issued by the first of this month. If Item 15 of last month's report was in error, the correct figure shall be shown in Item 11 and an explanation of the correction shall be made in a footnote.
- Item 12. Licenses Issued During Month. Enter the number of new and renewal and amended licenses that were issued during the month. This must be the sum of Items 17a, 18a, and 19a.
- Item 13. Total Licenses Active During Month. Enter the total number of licenses in effect at some time during the month. This is the sum of Items 11 and 12, and represents the number of licenses in effect, not the number of licensed homes. A home for which the renewal fell due and which was granted the renewal license in the same month, for example, actually had two licenses in effect during that month.
- Item 14. Licenses Invalidated. Enter the total number of licenses which were discontinued or revoked or which expired (even though they were renewed this month) during the month. This entry must equal the sum of Items 14a, 14b, and 14c.
- Item 14a. Current Licenses Discontinued. Enter the number of current licenses that were discontinued at the request of the boarding home operator, or were canceled by the agency because of amendment, change of address of the boarding home, change of operator of the home, or change in type of care (e.g., change from day care to full-time care). Amended licenses issued are reported in Item 19a.
- The entry in Item 19b is the same as the entry in this item.
- Item 14b. Current Licenses Revoked. Enter the number of current licenses that were revoked by action of the SDSW. Do not include renewal applications that were denied (report such action in Item 18b), nor current licenses that were discontinued for reasons listed in the preceding paragraph.

(Continued)

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Statistical BOARDING HOME LICENSING - CHILD PLACING S-325

S-320 (Continued) S-320

- Item 14c. Renewals Falling Due in Month. Enter the number of renewals falling due during the month as reported in Item 7.
- Item 15. Homes Licensed End of Month. Enter the number of homes holding licenses at the end of the month. This is obtained by subtracting Item 14 from Item 13. Items 15a and 15b (on Form BHC 41 only) show a breakdown of boarding homes by number of children for which licensed.
- Item 15a. Licensed for 1 to 6 Children. Enter the number of homes licensed for 1 to 6 children.
- Item 15b. Licensed for 7 or More Children. Enter the number of homes licensed for 7 or more children.
- Item 16. Total Case Load. Enter the sum of Items 5, 10, and 15.
- (W&IC 115, 116)

S-325 PART D - TOTAL ACTIONS, FORMS BHA 41 AND BHC 41 S-325

Report in Part D actions taken on new applications, renewal applications and licenses discontinued or revoked, and the number of amended licenses issued during the month. Item 17 (i.e., the sum of Items 17a, 17b, and 17c) must equal Item 4 (New Applications Disposed of); and Item 18 (i.e., the sum of Items 18a, 18b, 18c, and 18d) must equal Item 9 (Renewal Applications Disposed of). Item 19b must equal Item 14a, and Item 19c must equal Item 14b.

- Item 17. Total Actions on New Applications. Enter the sum of Items 17a, 17b, and 17c.
- Item 17a. Granted. Enter the number of new applications on which licenses were issued during the month, including new licenses issued to cover changes in address, operator, or type of care.
- Item 17b. Denied. Enter the number of new applications for licenses that were denied during the month because the boarding home did not meet the standards of the SDSW.
- Item 17c. Withdrawn. Enter the number of new applications for licenses that were withdrawn during the month or were canceled by the agency, prior to decision on the application, because of change of address of the applicant, or because of change in operator of the home.

(Continued)

CONTINUATION SHEET
OR FILING ADMINISTRATIVE REGULA IS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

S-325 BOARDING HOME LICENSING - CHILD PLACING Statistical

S-325 (Continued) S-325

- Item 18. Total Actions on Renewals. Enter the sum of Items 18a, 18b, 18c, and 18d.
- Item 18a. Granted. Enter the number of licenses that were renewed for another 12 months' period.
- Item 18b. Denied. Enter the number of applications for renewal which were not renewed because investigation showed they no longer met SDSW standards.
- Item 18c. Withdrawn. Enter the number of applications for renewal that were withdrawn before formal action was taken.
- Item 18d. Discontinued Without Reapplication. Enter the number of boarding homes for which licenses have expired and for which the operators have notified the agency that they do not wish to renew applications.
- Item 19. Total Actions on Current Licenses. Enter the sum of Items 19a, 19b, and 19c. Note that Item 19b is the same as Item 14a and that Item 19c is the same as Item 14b. Since Item 14c does not involve "actions," it is not reported again under Item 19.
- Item 19a. Amended License Issued, New Application Not Required. Enter the number of amended licenses issued during the month for which the operator was not required to sign a new application, e.g., change in capacity. Report the previous license in Items 14a and 19b, Current Licenses Discontinued.
- Item 19b. Current Licenses Discontinued. Enter the number of current licenses discontinued during the month, i.e., the number reported in Item 14a.
- Item 19c. Current Licenses Revoked. Enter the figure shown for Item 14b.
- Item 20. Total Actions. Enter the sum of Items 17, 18, and 19.

(W&IC 115, 116)

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

S-460 MONTHLY STATISTICAL REPORT ON AID TO NEEDY DISABLED RECIPIENTS
RECEIVING SERVICES FOR FUNCTIONAL IMPROVEMENT - FORM DA 261

S-460

Repealed - effective June 6, 1960

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
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(Pursuant to Government Code Section 11380.1)

Regulations

SCOPE AND LIMITATIONS

MC-031.4

MC-031.4 EXPENDITURE LIMITATIONS ON ATD FUNCTIONAL IMPROVEMENT PROGRAM

MC-031.4

Services and items related to a plan for functional improvement shall not exceed \$300 in any 12 months period. Of this amount, the cost of evaluation services shall not exceed \$75.

Expenditures for evaluation services may be authorized by the county, upon approval of SDSW, in any three months period for a maximum of 5% of the ATD caseload of each county or for a minimum of two cases per county. EXCEPTION: In the event this limitation does not control expenditures within the amount of funds available or if the funds are not fully utilized, the Director of Social Welfare may by executive order modify the limits of this Section as well as those of Section MC-054 to achieve the necessary reduction or expansion of services as indicated.

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CALIFORNIA-SDSW-MANUAL-MC

Rev. 235 replaces Rev 177

Effective 6/6/60

CONTINUATION SHEET
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(Pursuant to Government Code Section 11380.1)

MC-031.5

SCOPE AND LIMITATIONS

Regulations

MC- 031.5 ATD FUNCTIONAL IMPROVEMENT PROGRAM -- SERVICES AND ITEMS
 AVAILABLE

MC-031.5

The purpose of the ATD functional improvement program is to provide a range of remedial services, including medical, psycho-social and other services, needed to assist recipients to achieve the best possible adjustment and maximum functional improvement within the limits of their disabilities. The goal shall be to build upon and supplement existing community services and not to subvent or supplant such services.

Only the following services and items considered essential to a plan for functional improvement (including evaluation and/or treatment) may be authorized for payment from the Medical Care Revolving Fund:

1. Physician home or office visits, as indicated (including necessary X-ray and laboratory services), to evaluate functional improvement needs and to provide treatment and continuing direction of physical restoration and self-care services.
2. Nursing services, if the recipient lives outside a geographical area which is being served by visiting nurse services and if the public health department is unable to provide nursing services.
3. Physical and occupational therapy services under medical supervision for functional evaluation and/or treatment.
4. Appliances and assistive devices (excluding dentures, hearing aids and glasses), if not available from other sources in the community.
5. Household rehabilitation equipment, including bathroom rails, parallel bars, modified chairs and toilet seats, pulleys, overbed trapeze bars, bedboards, devices to aid dressing and eating, etc. (See ATD Manual Sec. D-202.20 for items allowable within the grant.)

Expenditures are not authorized from the Medical Care Revolving Fund for any of the above services rendered by a public medical facility or which are otherwise available within the community to ATD recipients.

CALIFORNIA-SDSW-MANUAL-MC

Rev. 236 replaces Rev. 177

Effective 6/6/60

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MC-054 PROCEDURAL REQUIREMENTS - IDENTIFICATION OF FIP CASES

MC-054

The identification of applicants or recipients who are potentially feasible for functional improvement services shall be made on all cases as follows:

- (a) The SDSW will in the course of determining disability, identify cases which should be evaluated for functional improvement.
- (b) Any county may at any time recommend cases to SDSW for approval of functional improvement services.

Evaluation and Treatment Procedures (For scope see Section MC-031.5)

For cases identified by the SDSW as potentially feasible for functional improvement services, the county should (a) Secure the necessary evaluation work-up and, when indicated, (b) Develop a suitable treatment plan. Such evaluation and treatment plan should be completed within the following time limits:

- 1. On new cases, within 60 days following the authorization of aid.
- 2. On cases submitted at the time of reinvestigation, within 60 days from the date the reaffirmation is completed.
- 3. On cases in which the recipient requested services, within 60 days from the date the county is notified that the case is potentially feasible.

All cases shall be processed to a point of decision. For cases identified as feasible for functional improvement services, the county shall prepare a statement which includes:

- (a) Summary of evaluation findings
- (b) Description of Proposed plan for functional improvement services
- (c) Estimate of duration of plan
- (d) Estimate of cost
- (e) Date plan is to be re-evaluated.

Functional improvement plans shall be re-evaluated as often as necessary but not less frequently than once every three months. All plans shall be re-evaluated at termination of authorized treatment. Plans no longer valid in relation to factors listed in MC-020.1(A) or for other appropriate reasons shall be discontinued.

The county shall maintain a system of records which enables the county and the SDSW to review and evaluate the results of the ATD Functional Improvement Program. The county shall use the forms and evaluation methods prescribed by the SDSW.

These Regulations are designated to become effective June 6, 1960

DO NOT WRITE IN THIS SPACE

For changes in pay ranges, see modification procedure specified in Sec. 071-10, Adoption of Compensation Plan, and Sec. 071-11, Adoption of Deviating Pay Schedules. Effective date of Compensation Plan to be either (a) July 1, 1960, or (b) effective date of county salary ordinance for 1960-61, whichever is applicable.

(W&IC 119.5, 119.6)

FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

MAY 31 1960

Division of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(GOV CODE 11380.2)

MAY 31 1960

Division of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: May 31, 1960

By: *J. M. Hedemeyer*

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

MAY 31 1960

At 3:00 o'clock

FRANK M. JORDAN, Secretary of State

By: *Arthur L. Smith*

Assistant Secretary of State

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RESOLUTION AUTHORIZING TESTING OF DELEGATION TO COUNTIES OF
AUTHORIZATION PROCESS FOR FIP EVALUATION AND TREATMENT SERVICES

WHEREAS, full use is not currently being made of medical care funds in the ATD program for functional improvement services; and

WHEREAS, experience since the program became effective on October 1, 1959, indicates that procedural complexities involved in state authorization of FIP evaluation and treatment services may be a major factor in limiting use of the program; and

WHEREAS, Santa Clara County has expressed willingness to participate in an experiment to develop simpler means of processing through delegation of the authorization process to counties; and

WHEREAS, the provisions of Chapter 1, Part 3, Division 5 of said W&I Code do not prohibit such a test; be it

RESOLVED that the Director of the SDSW during the fiscal year 1960-1961 be authorized to test in a limited number of counties, not to exceed a total of five (5), the delegation of the FIP authorization process for evaluation and treatment services provided each participating county submits in advance a plan of operations which meets the following conditions:

1. The county shall use an FIP evaluation team consisting of a physician and a medical or other properly qualified social worker.
2. The county shall have access to and utilize adequate diagnostic, evaluation and treatment services.
3. The county shall provide the SDSW with the necessary information and reports needed to evaluate the experiment.

These Regulations are designated to become effective July 1, 1960.

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CONTINUATION SHEET
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(Pursuant to Government Code Section 11380.1)

Regulations

AID PAYMENTS

A-222

A-222

MONEY PAYMENT PRINCIPLE

A-222

Aid payments shall be made in conformity with the money payment principle that each recipient has the right to manage his own affairs; to decide what use of his payment will best serve his interests; and to make his purchases through the normal channels of exchange, enjoying the same rights and discharging responsibilities in the same manner as other members of the community. Exception: If a recipient is a patient in a public medical institution, part or all of the grant is retained for payment to the institution. (See Sec. A-225)

Definition

Aid payments are:

1. Money payments to recipients.
 - a. Delivered unconditionally to the recipient (or the legally appointed guardian or conservator of his estate) with no state or county control of the use of the aid payment. (See Appendix Fiscal Manual Section, Sec. F-310, Item B-2, Payments Upon Death of Recipient or Payee)
 - b. Made to the recipient in advance at regular monthly intervals.
 - c. Intended for the benefit of the recipient only and do not constitute income to any other person.
2. Vendor payments to public medical institutions. (A-225)

Delivery of the warrant is to be made only to the recipient or otherwise delivered according to his instructions.

No payments are to be made to a guardian or conservator who is accountable either to the assistance agency or to a public institution responsible for providing care for the recipient.

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CALIFORNIA-SDSW-MANUAL- OAS

Rev. 894 replaces Rev. 520

Effective 7/1/60

CONTINUATION SHEET
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(Pursuant to Government Code Section 11380.1)

Regulations

AID PAYMENTS

B-222

B-222

MONEY PAYMENT PRINCIPLE - ANB-APSB

B-222

Aid payments shall be made in conformity with the money payment principle that each recipient has the right to manage his own affairs; to decide what use of his payment will best serve his interests; and to make his purchases through the normal channels of exchange, enjoying the same rights and discharging responsibilities in the same manner as other members of the community. Exception: If a recipient is a patient in a public medical institution, part or all of the grant is retained for payment to the institution. (See Sec. B-225)

Definition

Aid payments are:

1. Money payments to recipients.
 - a. Delivered unconditionally to the recipient (or the legally appointed guardian or conservator of his estate) with no state or county control of the use of the aid payment. (See Appendix Fiscal Manual Section, Sec. F-310, Item B-2, Payments Upon Death of Recipient or Payee)
 - b. Made to the recipient in advance at regular monthly intervals.
 - c. Intended for the benefit of the recipient only and do not constitute income to any other person.
2. Vendor payments to public medical institutions. (B-225)

Delivery of the warrant is to be made only to the recipient or otherwise delivered according to his instructions.

No payments are to be made to a guardian or conservator who is accountable either to the assistance agency or to a public institution responsible for providing care for the recipients.

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CALIFORNIA-SDSW-MANUAL-AB

Rev. 1061 replaces Rev. 710

Effective 7/1/60

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R FILING ADMINISTRATIVE REGULATIONS 5
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(Pursuant to Government Code Section 11380.1)

D-222

AID PAYMENTS

Regulations

D-222 MONEY PAYMENT PRINCIPLE

D-222

Aid payments shall be made in conformity with the money payment principle that each recipient has the right to manage his own affairs; to decide what use of his payment will best serve his interests; and to make his purchases through the normal channels of exchange, enjoying the same rights and discharging responsibilities in the same manner as other members of the community. Exception: If a recipient is a patient in a public medical institution, part or all of the grant is retained for payment to the institution. (See Sec. D-225)

Definition

Aid payments are:

1. Money payments to recipients.
 - a. Delivered unconditionally to the recipient (or legally appointed guardian or conservator of his estate) with no state or county control of the use of the aid payment. (See Appendix Fiscal Manual Section, F-310, Item B - 2, Payments Upon Death of Recipient or Payee)
 - b. Made to the recipient in advance at regular monthly intervals.
 - c. Intended for the benefit of the recipient only and do not constitute income to any other person.
2. Vendor payments to public medical institutions. (D-225)

Delivery of the warrant is to be made only to the recipient or otherwise delivered according to his instructions.

No payments are to be made to a guardian or conservator who is accountable either to the assistance agency or to a public institution responsible for providing care for the recipient.

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 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

C-221.02

AID PAYMENTS

Regulations

C-221.02 BUDGET PLANNING PERIOD WITH SUBSEQUENT PAYMENT PERIOD

C-221.02

The amount of payment for a particular month is based on all income received and those needs which existed during the budget planning period which may be:

- a. The month immediately prior to the month of payment; or
- b. Another monthly period ending in the month immediately prior to the month of payment.

Exception: If unforeseen changes in need or income occur, supplemental payment may be made if necessary to protect the child's welfare or local public funds.

Only needs which were reported before the end of the budget planning period are considered.

- Exceptions:
- 1) When the change could not have been known or reported before the end of the budget planning period because it occurred too late to give reasonable time to report within the period, or the report was not received due to communication difficulties, etc., such change is to be reflected in the aid payment if reported by the end of the following budget planning period, or if known in time to be processed with the main payroll, it may be reflected in the aid payment for the budget period in which it occurred.
 - 2) When special circumstances, such as physical or mental incapacity, make it unreasonable to expect that a report could have been made promptly, such change is reflected in the aid payment for the month covered by the budget planning period in which the change occurred if reported as soon as could reasonably be expected.
 - 3) When medical care claim form (see Sec. MC-053, Medical Care) is submitted to a vendor, the reporting requirements are met whether the medical need is to be allowed in the aid payment or as a payment to the vendor from the medical care fund (see Sec. C-205).

The aid payment for a prior budget planning period shall be paid on the first of the month or as soon as thereafter possible but no later than the 10th day of the month. (Exception: C-222, Item 3)

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(Pursuant to Government Code Section 11380.1)

Regulations

AID PAYMENTS

C-222

C-222 MONEY PAYMENT PRINCIPLE

C-222

Aid payments shall be made in conformity with the money payment principle which provides that each family has the right to manage its own affairs; to decide what use of its payment will best serve its interests; and to make its purchases through the normal channels of exchange, enjoying the same rights and discharging responsibilities in the same manner as other members of the community.

DEFINITION:

Aid Payments are:

1. Money payments.
2. Delivered unconditionally to the payee with no state or county control of the client's use of the aid payment.
3. Made to the payee in advance at regular intervals, once a month, or at weekly or bi-weekly intervals within the month.

EXCEPTIONS: C-222.50, items 5 g and 6 (Money Management); and F-310 (Foster Care).

If a child is living with a parent or relative, payment is to be made to the parent or relative, the legal guardian of either of these, or, in an emergency, to a person acting temporarily for either of these.

If a child is living in a foster home or institution, payment may be made to the foster home, the institution, the parent or other relative responsible for the child, the probation officer if the child is a ward of the Juvenile Court, or a private child placing agency licensed under W&IC 1620, Item (b) if the child is under the care of that agency. If the child is a parolee from the California Youth Authority for whom a parole officer signed the application, the warrant may be delivered to the care of the area office of the California Youth Authority.

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(Pursuant to Government Code Section 11380.1)

C-222.50

AID PAYMENTS

Regulations

C-222.50 MONEY MANAGEMENT

C-222.50

1. Counselling, advice, and special services in the use of money shall be provided to families presenting potential money management problems to the end that the aid payment will be utilized to the advantage of the family and child, and that money management problems may be prevented.
2. A money management problem exists when the expenditures of the family are made in such a way as to jeopardize the maintenance of a stable living arrangement providing a home environment conducive to the growth and development of the child or children, or in such a manner as to otherwise adversely affect the welfare of the children.

Existence of such a problem may be indicated by one or more of the following criteria:
 - a. Inability to plan and spread necessary expenditures over the usual assistance planning period.
 - b. Overbuying and the excessive use of credit, resulting in diversion of funds needed for current food, household operations, and child care purposes.
 - c. Persistent or deliberate failure to meet obligations for current rent, food, school obligations and similar essentials while making expenditures for other less essential purposes or unrelated to present or future needs.
 - d. Repeated evictions, attachments and levies against current income or earnings.
 - e. When the client requests money management services.
3. When a money management problem exists, the county welfare department shall take appropriate steps to analyze the situation, to contact the principals involved, to develop an individualized and administratively controlled plan for assisting the family in resolving the problem, and to provide or arrange for those agency services or relationships which will enable the family to regain and carry a maximum degree of responsibility in managing their own affairs to the advantage of the children.
4. An administratively controlled plan is one which:
 - a. Is documented.
 - b. Sets forth the agency's conclusions as to the factors contributing to the situation.

(Continued)

CONTINUATION SHEET
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(Pursuant to Government Code Section 11380.1)

Regulations

AID PAYMENTS

C-222.50

C-222.50 (Continued)

C-222.50

- c. Establishes the frequency and nature of contacts and the agency actions to be taken.
- d. Establishes the responsibility for implementing and carrying out the necessary agency actions.
- e. Reflects the results achieved by carrying out the plan and any modifications resulting from experience as the plan progresses.
- f. Is reviewed and revised or reconfirmed at intervals not to exceed three months.

In instances where the maximum potential for improvement has been reached and can be maintained only with the help of long-term payment modifications, the reevaluation period may be extended to six months.

- g. Is subject to administrative review and approval.

- 5. Services provided may include (but are not necessarily limited to) any one or combination of the following as appropriate to the situation:

- a. Help and advice with budget planning, and planning of expenditures. This may include the possibility of followup interviews to confirm and discuss the extent of performance on mutually defined goals and plans.
- b. Consultation with creditors and/or participation in bringing the principals together for the purposes of achieving a mutual agreement.
- c. A debt adjustment service.
- d. Arrangements with other agencies or individuals for referrals.
- e. Arranging for participation in group counseling or guidance.
- f. Money payments at intervals of one or two weeks within the month.
- g. Modified payments providing there is factual evidence demonstrating that (1) any criteria in Item 2 establishing the existence of a money management problem are met, (2) the case is likely to benefit from the modified payment, and (3) other appropriate services do not suffice to solve the problem.

(Continued)

CALIFORNIA-SDSW-MANUAL- ANC

Rev. 373 replaces Issue 22-12

Effective 7/1/60

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(Pursuant to Government Code Section 11380.1)

C-222.50

AID PAYMENTS

Regulations

C-222.50 (Continued)

C-222.50

6. Modified payments when required may include:
- a. Modified money payments to the payee, made with the requirement that they are to be spent for a particular item or paid to a particular vendor.
 - b. Payments made jointly to the client and vendor for one or more items.
 - c. Payments made to vendors for one or more items.
 - d. Payments in kind.
 - e. Any combination of the above.
7. Modified payments shall be made in accord with the ANC standard of need specified in Chapter C-20. Item amounts allowed within a monthly period may vary from the standard for the item(s) when necessary to meet the actual cost of the item(s) for the month. However, total aid paid over each six-month period, or a shorter period if the modified payment method is discontinued before the six-month period has elapsed, shall be equal to total authorization based on the ANC standard for the period. Any excess authorized over the actual amount paid for the period shall be paid to the recipient.
- (Exception: See Sec. F-360, B)
8. In making modified payments, care shall be taken:
- a. To leave as much responsibility as is possible and consistent with conditions in the hands of the client.
 - b. To provide children with such opportunities that may be possible for learning how to manage personal funds in relation to their school and recreational needs.
 - c. To leave in the hands of the client as much freedom as possible in the detail of choice of the vendor and to choose among comparable items on the basis of personal taste and preferences.
9. All service provided in connection with money management problems shall be directed toward assisting the family to become self-managing and self-maintaining as soon as feasible and practicable.

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CALIFORNIA-SDSW-MANUAL- ANC

Rev.374 replaces Issue 22-12

Issued 7/1/60

**CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)**

F-360

AID PAYMENTS

Fiscal

F-360 ANC MODIFIED PAYMENTS

F-360

A. TYPES OF PAYMENTS

Payment of ANC in cases in which the modified plan has been determined as provided in Sec. C-222.50 of the ANC Manual of Policies and Procedures may be in the forms of (1) modified money payment(s) to the payee, (2) payments to private vendors for goods and services to be furnished to the recipient, (3) payments made jointly to the client and vendor, (4) aid in kind, or (5) a combination of any or all of them. When a combination is used, either single or multiple payment(s) to the recipient may be used. A modified money payment to the payee is a direct payment negotiable by the payee but provided with direction to use the money for a specific purpose or payment of specified bill(s).

B. METHOD OF PAYMENT

Payment(s) made by county warrant to a recipient is made in the manner indicated in A-1 and 2 above.

Payment(s) to vendors may be made by county warrant as in A-2 or A-3 above, or by the use of county requisition. If requisitions are issued to vendors, the established county system may be used. Such records shall be maintained for audit by state representatives.

Goods supplied to ANC modified payment cases through county commissaries shall be valued at actual cost to the county, provided, however, that such cost may not exceed prevailing retail prices. Counties making payments in kind through commissaries shall maintain adequate records of commissary costs readily available for audit by state representatives.

Payments from the welfare appropriation shall be made directly to the recipient, vendor, and/or made payable to a trust account to the credit of the recipient from which payment will be made.

At the end of each modified plan period, any unexpended balance of aid authorized during the period, and not encumbered by outstanding vendor orders, shall be paid to the recipient by county warrant.

Exception: If the recipient has moved from the locality or cannot be located, any unexpended balance shall be reported as an abatement to state and county funds or the aid payroll in the same manner in which other repayments of aid are reported.

C. GOVERNMENTAL PARTICIPATION IN PAYMENTS

Federal participation is available in payments made under a modified plan providing that no more than two budget items are modified payments.

State participation is available in a modified payment case regardless of which method of payment is used. (See A-1 through 5 above.)

(Continued)

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Fiscal

AID PAYMENTS

F-360

F-360 (Continued)

F-360

D. AUTHORIZATION DOCUMENTS

The county welfare department shall specify on the authorization document the date on which payments become effective and the specific manner in which such payments of the monthly authorization are to be made, i.e.:

- a. The portion of the authorization to be paid without restriction to the payee, either in one payment on the first of the month or in multiple payments on specified dates during the month.
- b. The portion to be paid to the payee as a modified payment.
- c. The portion to be paid to private vendor(s).
- d. That portion to be paid in kind through county commissaries.

Counties may find it convenient to prepare separate action cards (278-M) for direct payments to the payee and for each private vendor.

Further authorizing action for payment of the unexpended balance as per Item B, Par. 5 above is not required, since the amount will already have been included in authorizations of payment in kind or to vendors.

(W&IC 1560)

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Fiscal

GOVERNMENTAL PARTICIPATION

F-520

F-520

FEDERAL PARTICIPATION IN AID PAYMENTS

F-520

The Federal Government participates in most, but not all, of the OAS, ANB, ANC, and ATD payments made to or on behalf of eligible persons in whose payments there is state participation.

In OAS, ANB and ATD there is no federal participation in:

1. Any payment made to or for a patient who is confined to any private institution maintained for the purpose of treating persons suffering from TB or mental disease. Therefore, federal participation is not available in payments to or for recipients in:

- a. Family care homes certified by the State Department of Mental Hygiene or institutions licensed by the State Department of Mental Hygiene to care for the mentally ill. These facilities are considered by the DHEW as extensions of the institutions.
- b. Private tuberculosis institutions licensed by the State Department of Public Health.

Likewise, there is no federal participation in payments made to or for patients cared for in other types of private institutions if there is a diagnosis of tuberculosis or psychosis. If federal participation is in order on the first day of the month, the federal government participates in the payment for the full month although the recipient may be admitted to a tuberculosis or mental hospital or institution during the month. (See Manual of Policies and Procedures - OAS, ANB and ATD.)

2. Any payment made to either of the following guardians:
 - a. The State Department of Mental Hygiene
 - b. An employee of the State Department of Mental Hygiene

(Continued)

CONTINUATION SHEET
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(Pursuant to Government Code Section 11380.1)

F-520

GOVERNMENTAL PARTICIPATION

Fiscal

F-520 (Continued)

F-520

In OAS, ANB, and ATD there is no federal participation in any payment authorized after death of the recipient (See Sec. F-310-B.2).

In ANC there is no federal participation in any payment made:

1. For a child who is not living in the home of a relative who has the required degree of relationship to the child. (See Sec. F-525-A.)
2. For a caretaker who does not come within the definition of a needy relative. (See Sec. F-525-E.)
3. To a payee who does not have the required degree of relationship to the child. (See Sec. F-525-C.)
4. For a child living in a private boarding home or in a public or private institution or hospital other than for temporary care as defined in Sec. C-141 of the Manual of Policies and Procedures - ANC.
5. In a modified payment case, if payment of more than two budget items is modified, see Sections F-360 and F-730-G.

In APSB, there is no federal participation.

(Continued)

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Fiscal

AID CLAIMS

F-730

F-730 (Continued)

F-730

G. ANC MODIFIED PAYMENT CASES

The total amount of ANC authorized for a modified payment case may be reported as an expenditure on the monthly ANC claim although the payment of such assistance may not have been made in full.

ANC modified payment cases will be included on the monthly payroll in case number order in the same manner as other ANC cases. They need not be segregated; however, they should be identified by coding MP (Modified Payment) in the remarks column.

Federal reimbursement is available for ANC modified payment cases if no more than two budget items have been disbursed as modified payments.

Federal reimbursement may not be available due to reasons other than those involving the modified payment process. (See Sec. F-520.)

Since the number of budget items disbursed under the modified payment plan controls the availability of federal reimbursement, the county shall determine, at the close of the control period, whether or not correct federal status has been claimed.

If federal status was in error, the county will process an adjustment from regular to nonfederal or nonfederal to regular as the facts dictate.

(Continued)

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Department Bulletin No. 559 was repealed February 26, 1960, effective July 1, 1960.

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Regulations

SCOPE AND LIMITATIONS

MC-031.2

MC-031.2 DRUGS FOR OLD AGE SECURITY AND AID TO THE BLIND PAID BY
MEDICAL CARE TRUST FUND - UNRESRICTED BY DIAGNOSIS

MC-031.2

Payment of drugs will be restricted to individual drug items and combinations as set forth in this section.

A. INDIVIDUAL DRUGS

Acetazolamide	Mecamylamine
Aminophylline (All USP forms)	Mechlorethamine HCl NF
Aminopterin Sodium	Meperidine HCl USP
Atropine Sulfate USP	Meralluride Injection USP
	Mercaptopurine
Belladonna Tincture USP	Neostigmine Bromide USP
Bishydroxycoumarin USP	
Busulfan	Oxygen USP
Camphorated Opium Tincture USP	Oxytetracycline USP (Any salt form allowed)(Limit #16 Caps or Tabs per Rx)
Carbachol	Penicillin G USP (Oral)(Limit #20 Caps or Tabs. per Rx)
Chiniofon	Penicillin-V(Oral)(Any salt form allowed) (Limit #20 Caps or Tabs per Rx)
Chlorambucil	Pentobarbital Sodium USP
Chlormerodrin	Phenobarbital USP
Chlorothiazide	Physostigmine Salicylate USP
Chlorpropamide	Pilocarpine HCl or Nitrate USP
Chlortetracycline USP (Any salt form allowed)(Limit #16 Caps or Tabs.per Rx)	Posterior Pituitary USP
Codeine Phosphate or Sulphate USP	Primaquine Phosphate USP
Colchicine USP	Probenecid
Demethylchlortetracycline (any salt form allowed)(Limit #16 Caps or Tabs per Rx)	Procainamide HCl USP
Desoxycorticosterone Acetate	Procaine Penicillin G. Suspension USP (Injection)
Injection USP	
Digilanid	Quinidine Sulphate USP
Digitalis USP	
Digitoxin USP	Reserpine USP (Not payable if pre- scribed by any brand name)
Digoxin USP	
Dihydrotachysterol	Sodium Radio-Chromate USP
Diphenylhydantoin Sodium USP	Sodium Radio-Iodide USP
	Sodium Radio-Phosphate USP
Emetine Hydrochloride USP	Streptomycin USP
Ephedrine Sulfate USP	Sulfisoxazole USP
Epinephrine USP	
Erythromycin USP (Any salt form allowed)(Limit #16 Caps or Tabs per Rx)	Tetanus Antitoxin USP
	Tetanus Toxoid USP
Ferrous Sulfate USP	Tetracycline (oral) USP (Any salt form allowed)(Limit #16 Caps. or Tabs. per Rx)
Gitalin	Thyroid USP
Glyceryl Trinitrate USP	Tolbutamide
	Triethylenethiophosphoramide (ThioTEPA)
Hydralazine Hydrochloride	Trihexyphenidyl HCl
Hydrochlorothiazide	Trisulfapyrimidines, USP (triple sulfas)
Insulin (all forms)	
Isoflurophate	(Continued)
Isoproterenol Hydrochloride USP	

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MC-031.2

SCOPE AND LIMITATIONS

Regulations

MC-031.2 (Continued)

MC-031.2

B. COMBINATIONS OF DRUGS

Aminophylline and Phenobarbital
Aminophylline, Ephedrine and Pentobarbital
Aminophylline, Ephedrine and Phenobarbital
Codeine with Aspirin, Phenacetin and Caffeine
Codeine with Aspirin
Ephedrine and Pentobarbital
Ephedrine and Phenobarbital

The inclusion of a drug in a combination does not permit its prescription as a single drug for payment from the Medical Care Fund, unless it is otherwise listed in Group A.

The presence of therapeutically inert pharmaceutical adjuncts does not constitute a combination.

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CALIFORNIA-SDSW-MANUAL-MC

Rev. 259 replaces Rev. 176

Effective 7/1/60

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FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Regulations

SCOPE AND LIMITATIONS

MC-031.3

MC-031.3 DRUGS PAID FOR OLD AGE SECURITY AND AID TO THE BLIND BY
MEDICAL CARE TRUST FUND - RESTRICTED BY SPECIFIC DIAGNOSIS

MC-031.3

1. Addison's Disease and Disseminated Lupus Erythematosus, Pemphigus, Nephrosis, Hemolytic Anemias and Thrombocytopenia
Cortisone USP
Prednisolone
Prednisone
2. Cancer (including lymphomas and the leukemias)
Cortisone USP
Diethylstilbestrol USP
Methyltestosterone USP
Prednisolone
Prednisone
Testosterone (all USP forms)
3. Malaria
Chloroquine Phosphate USP
4. Pernicious Anemia and/or Combined Sclerosis
Cyanocobalamin USP (B₁₂) Intramuscular injectable only
Liver Extract USP Intramuscular injectable only
5. Urinary Tract Infections, resistant to sulfonamide therapy or in the case of a patient with a sensitivity to sulfonamides.
Nitrofurantoin

When the drugs listed in this section are prescribed for the specific diagnosis shown, the practitioner shall indicate this by writing "Code 1" on the Form MC-165.

Combinations of drugs other than those listed in MC-031.2, B, in a prescription are not payable from the Medical Care Trust Fund.

The presence of therapeutically inert pharmaceutical adjuncts does not constitute a combination.

CALIFORNIA-SDSW-MANUAL- MC

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(Pursuant to Government Code Section 11380.1)

Regulations

SCOPE AND LIMITATIONS

MC-031.6

MC-031.6 SERVICES AVAILABLE TO ALL RECIPIENTS, EXCEPT AID TO DISABLED,
WITH PRIOR AUTHORIZATION

MC-031.6

(See Sec. MC-031.5 for ATD)

- A. Home and/or office visits from or to practitioners (other than dentists and chiropodists) in excess of three such visits for any other illness or beyond the 90th day from the first visit.
- B. Any service rendered by chiropodists.
- C. For Aid to Needy Children recipients only special medical supplies not listed in the schedule of maximum allowances, but required as a part of a specific treatment plan.
- D. Elective laboratory services other than urinalysis and blood counts.
- E. Elective radiological services.
- F. (Item repealed December 1, 1958.)
- G. Services of private nurses or services of visiting nurse associations in excess of five visits for any one illness.
- H. Dental care for children under 13 years of age as necessary to prevent tooth loss and maintain dental health. During the fiscal year beginning July 1, 1960, and ending June 30, 1961, such care may also be given to children aged 13 through 17 years.
- I. Complete histories and physical examinations by physicians.
- J. Services of physical therapists as prescribed by physicians.
- K. Services of rehabilitation centers meeting the standards of the Bureau of Vocational Rehabilitation.

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Rev. 261 replaces Rev. 237

Effective 7/1/60

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Regulations

SCHEDULE OF MAXIMUM ALLOWANCES

MC-040

MC-040 SCHEDULE OF MAXIMUM ALLOWANCES

MC-040

The following allowances constitute the maximum payment that may be made for the specified service or procedure. No additional charge to the recipient will be permitted.

No payment will be made for any procedure performed in a hospital for other than outpatient services, such as diagnostic laboratory or X-ray services, physical therapy, or procedures performed on an emergency outpatient basis.

No payment will be made for elective office surgery. Elective, or optional office surgery is any surgical procedure which can be deferred as it is neither life extending nor life saving. Diagnostic surgery requiring biopsy is not considered elective.

No payment will be made for diagnosis or treatment given in the absence of the recipient, e.g., telephone calls.

Payment may be made for physician's services only when performed with a physician in attendance.

No payment will be made for the treatment of mental illness or for radium or X-ray therapy.

Under the Aid to Needy Children program payment will be made for the treatment of tuberculosis, venereal disease, and for prenatal care. Payment for these conditions will not be made for recipients under other public assistance programs.

No payment will be made for rehabilitative services at a rehabilitation facility unless the practitioner submits a complete plan for rehabilitation in advance of referral.

This schedule includes most procedures contemplated as necessary and normally performed in any locality on an outpatient basis. However, other procedures may be included if they are determined to be in accordance with local community practice.

No payment may be made for any service or care rendered to patients admitted to and registered in a hospital and in a facility, such as an adjunct nursing home, operated as a part of such hospital.

No payment will be made for services in behalf of recipients of Aid to the Disabled unless the services are included under Sec. MC-031.5, and are approved in advance by the county.

CALIFORNIA-SDSW-MANUAL-MC

Rev. 262 replaces Rev. 180

Effective 7/1/60

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FACE SHEET
**FILING ADMINISTRATIVE REGULATION
WITH THE SECRETARY OF STATE**
(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

JUN 30 1960

Division of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(GOV. CODE 11380.1)

JUN 30 1960

Division of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: June 28, 1960

By:

J. M. Wedemeyer

Director

(Title)

FILED

In the office of the Secretary of State
of the State of California

JUN 30 1960

At 3:00 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By: [Signature]

Assistant Secretary of State

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FINDING OF EMERGENCY

The revision of Regulation Section MC-031.5 constitutes an emergency rule change, the adoption of which is necessary for the immediate preservation of the public health and general welfare within the meaning of Section 11421 (b) of the Government Code. The facts constituting such emergency are as follows:

1. Local public medical facilities which could provide evaluation and treatment services to recipients of Aid to Needy Disabled under the Functional Improvement program cannot under present regulations be reimbursed from medical care funds for providing these services.
2. The use of local public rehabilitation facilities wherever such facilities can provide the quality of services needed will preserve public health and promote the general welfare by providing speedy access to needed medical facilities to severely disabled recipients.
3. As of June 1, 1960, and to the detriment of public health and general welfare, only a relatively small number of aid to needy disabled recipients who could benefit under the Functional Improvement program were being offered this service. Payment to approved public medical facilities tends to reduce this threat to public health and general welfare; will further the goals of the program through the use of available funds; and will expedite the provision of necessary rehabilitation services to recipients.

It is therefore, necessary that this change in regulation be adopted as an emergency measure to take effect July 1, 1960.

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2 FILING ADMINISTRATIVE REGULATIONS
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(Pursuant to Government Code Section 11380.1)

MC-031.5

SCOPE AND LIMITATIONS

Regulations

MC- 031.5 ATD FUNCTIONAL IMPROVEMENT PROGRAM -- SERVICES AND ITEMS
AVAILABLE

MC-031.5

The purpose of the ATD functional improvement program is to provide a range of remedial services, including medical, psycho-social and other services, needed to assist recipients to achieve the best possible adjustment and maximum functional improvement within the limits of their disabilities. The goal shall be to build upon and supplement existing community services and not to subvent or supplant such services.

The following services and items considered essential to a plan for functional improvement (including evaluation and/or treatment) may be authorized for payment from the Medical Care Revolving Fund:

1. Physician home or office visits, as indicated (including necessary X-ray and laboratory services) to evaluate functional improvement needs and to provide treatment and continuing direction of physical restoration and self-care services.
2. Nursing services, if the recipient lives outside a geographical area which is being served by visiting nurse services and if the public health department is unable to provide nursing services.
3. Physical and occupational therapy services under medical supervision for functional evaluation and/or treatment.
4. Appliances and assistive devices (excluding dentures, hearing aids and glasses), if not available from other sources in the community.
5. Household rehabilitation equipment, including bathroom rails, parallel bars, modified chairs and toilet seats, pulleys, overbed trapeze bars, bedboards, devices to aid dressing and eating, etc. (See ATD Manual Sec. D-202.20 for items allowable within the grant.)

Expenditures are not authorized from the Medical Care Revolving Fund for any of the above services rendered by a public medical facility except for those facilities approved by SDSW as rehabilitation centers.

Expenditures from the Medical Care Revolving Fund for evaluation services in approved rehabilitation centers may be authorized even though this may require the recipient to be an in-patient during the time the evaluation is being rendered (See Sec. MC-041). In-patient evaluation services do not include the cost of board, room, and personal expenses incidental to hospital care.

CALIFORNIA-SDSW-MANUAL-MC

Rev. 263 replaces Rev. 236

Effective 7/1/60

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Organization and Administration

WELFARE PERSONNEL STANDARDS

071-11

071-11 ADOPTION OF DEVIATING PAY SCHEDULES
WPS

071-11

When operating needs of a county require deviations in pay for some classes from the vertical relationships established by columns in Sec. 071-05, approval of such deviations may be requested by the board of supervisors to the SDSW under the following conditions:

1. A five-step plan shall be adopted.
2. Each class of position shall be placed in one of five broad groups to be known as Groups A, B, C, D, E, and F. Each group shall include the following classes:

Group A: All County Welfare Director series of classes; and Assistant County Welfare Director.

Group B: All social service series of classes.

Group C: All child welfare series of classes; medical social work series of classes.

Group D: Investigator; Administrative Service Officer I and II; Employment Officer; Medical Care Assistant; Systems and Procedures Analyst; Chief Fiscal Supervisor; and Financial Resources Supervisor.

Group E: All clerical series of classes.

Group F: Miscellaneous classes.

3. Upward or downward deviations from vertical alignment with the five consecutive step plan adopted for Group B may be permitted for Groups A, C, D, E, and F. The maximum deviation which shall be permitted for these groups in relation to Group B are:

Group A may deviate one or more steps upward or one step downward;

Group C may deviate one or more steps upward or one step downward;

Group D may deviate one or two steps upward or downward;

Group E may deviate one, two, or three steps upward or as much as six steps downward; and

Group F may deviate one, two, or three steps upward or downward.
Vertical relationships need not be maintained within Group F.

4. Any deviation requested must be applied to all classes within the group, if they are used in the welfare department.

(Continued)

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(Pursuant to Government Code Section 11380.1)

071-11 (Continued)

071-11

5. A deviating downward step may be adopted only when it is not lower than the lowest rate shown in the salary schedule for the class.
6. All proposed changes in pay plans must be approved by the SSM before becoming effective in the county. The SSM shall determine standards for the acceptability of pay ranges based on prevailing wage rates, proper internal relationships between classes, and other pertinent data.
7. An appeal from a denial of a request for such a proposed plan may be heard by the SSM upon request of the county board of supervisors.

(WAG 119.5, 119.6)

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These Regulations are designated to become effective August 1, 1960.